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INTRODUCTION

Challenge of the 80s: Implementation through Participation is the sixteenth issue of the Blindness Annual. This issue is especially significant in that one of the important emphases is participation at the international level. This is evident in that most of the articles included were derived from papers presented at the International Biennial Conference of the American Association of Workers for the Blind held in Toronto, Ontario, Canada July 19-23, 1981 and the Sixth World Assembly of the World Council for the Welfare of the Blind held in Antwerp, Belgium August 1-10, 1979. In addition, there is one article based on a paper delivered at the Helen Keller Centennial Congress in Boston, Massachusetts, June 22-27, 1980, a meeting truly international in scope. As has been the policy, some articles have been edited, insofar as possible, for consistency of style. Every effort has been made, however, to retain the integrity of the original presentation.

In order to produce a cohesive publication, the articles were grouped under these headings;

- I. Implementation through Participation: The Conceptual Bases
(The papers under this heading are the keynote address and presentations at the general sessions at Toronto.)
- II. Planning and the Mobilization of Resources
- III. Using the Media to Increase Participation
- IV. Strategies for Implementation
- V. Problems of Special Groups

The Editor wishes to acknowledge the invaluable assistance of personnel in the Central Office of the American Association of Workers for the Blind, particularly Dr. Teresa M. DeFerrari; his secretary Ms. Sally Veeder; the members of the Publications Board of the American Association of Workers for the Blind; Ms. Evangeline L. Hebbeler, Director of Health Programs, Council on Higher Education,

State of Kentucky for reviewing the procedures for grouping the articles; and Ms. Sophronia Y. Holmes for typing the manuscript in camera-ready form.

Copies of BLINDNESS 1981-82 are distributed to members of the Association as a function of membership. The Library of Congress, National Library Service for the Blind and Physically Handicapped, will make the annual available through regional libraries in both braille and recorded form.

George G. Mallinson, Editor

IMPLEMENTATION THROUGH PARTICIPATION: THE CONCEPTUAL BASES

The four articles in this section are directed, to a greater or lesser extent, at the implementation of the objectives of the International Year of the Disabled Person. The first article by C. W. Daniel examines the impact of reduced funding by national governments of various rehabilitative services including those for the blind and visually impaired. The emphasis in the article is on the need to expand the participation of volunteers and to increase corporate support for such services. The second article by William F. Gallagher also deals with the cutbacks in support at the national level for rehabilitative services. However, the article emphasizes the need for increasing national support for social services and preventing the swallowing of support for services for the blind and visually impaired in block grants. The article by Geoffrey F. Gibbs emphasizes the need for cooperation internationally between the consumer and the provider of rehabilitative services for the blind. He implies that the failure of such services, in many cases, has resulted from stereotyping "The Blind" and treating blind clients as an amorphous mass. The final article by Dorina deGouvea Nowill describes the objectives for the World Council for the Welfare of the Blind, discusses various types of membership and indicates various committee structures and activities of the World Council that enhance implementation through participation.

KEYNOTE ADDRESS

by

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President Jerry Dunlap, honoured head table guests, members/ guests of AAWB - and - good evening ladies and gentlemen. Permettez-moi de vous remercier, Madame Raymond, pour vos paroles d'accueil si aimables. I am honoured to have been introduced by you.

I would like to add my welcome to all members of the American Association of Workers for the Blind to this conference, particularly those of you who are visiting from the United States, and from abroad. I think our visitors will find very quickly that they are at an economic advantage here in this land of the 83-cent dollar. But remember, our dollar may be weaker, but our beer is stronger. I hope you have a successful conference and a pleasant visit to our fair city.

It is a pleasure for my wife and for me to be here this evening. I feel I am among friends, since some of you have also been colleagues in the association I have had with the Canadian National Institute for the Blind (CNIB). It is certainly not my corporate colours but rather my interest in the volunteer sector and specifically my past connection with the CNIB and one individual in particular which bring me here tonight. My CNIB connection began quite simply with a tour of CNIB Toronto headquarters in 1973 when I was chairman of the United Way Fund Raising Campaign of Toronto. I was particularly impressed with the CNIB, not only with the scope of the services it provides to blind and visually impaired Canadians, but also, and more particularly, with the commitment of the people in the organization, people like Ross Purse who has become a good friend in the process. His, and his colleagues' commitment and dedication to the work of the CNIB impressed me greatly and confirmed my respect for that organization. A few years later, at Ross Purse's invitation, I took on the job of chairman of the CNIB's

"Talking Book" National Library Capital Campaign. It was a most rewarding experience. I cannot tell you how pleased I am that the money raised to improve library services increased readership by 53 per cent.

Participation By The Volunteer Sector

During the next few days you will be looking at the challenges that face you in the 1980s. You will be looking at how to implement programs - through participation - to meet these challenges. I'd like to discuss this theme tonight, with particular focus on participation by the volunteer sector.

The social concerns that our society faces seem unlikely to diminish in the coming decade. Certainly the need will not diminish for the various professional services in which most of you are engaged. But, it seems almost certain in Canada and the United States that the amount of government funding devoted to social services will decline. Despite this decline, your work must continue and grow. I believe one of your most important challenges you will face will be to maintain and improve on a high level of professional services in the face of this reduced public sector support. In these circumstances, you will have to draw to the maximum on the resources of the volunteer sector, and to rely on voluntary support to an even greater extent than in the past.

In making this suggestion, I fully recognize the significant role that volunteers already play. In Canada for example, I'm told that 65 per cent of the CNIB's services for some 30,000 blind Canadians are funded by voluntary contributions or are provided by volunteers. There has been a tradition of volunteer activity in this country, with volunteers forming a quiet, potent but almost invisible work force. One recent study assessed the aggregate value of volunteer work in Canada at more than \$1 billion a year. But, regardless of the current importance of volunteer work, I believe, as I noted earlier, that it will become even more important in the future as governments increasingly leave it up to communities to meet their own needs for social services.

Changing Role Of Government

I can understand that you may view this new posture of governments with some concern. As with any change, it may create stress at first within those organizations providing the services and in the community at large. But in the long run I think it will be recognized as a change for the better. I say this for two reasons. First, I accept the argument of Governments that in today's economic circumstances, they can no longer afford the continuing escalation in the costs of social programs. Second, and more important, a reduction in government support for social services will shift more of the responsibility back to us as individuals to solve our own problems, the problems in our communities and in our nation. In a less complex society, individuals turned to each other for help. There was no expectation that government would play a part. But, particularly over the last two decades, we have allowed governments to shoulder more and more of our responsibilities for us, and we have become too dependent on the initiative of our governments. Now it is time to take back some of that initiative.

Perhaps it was inevitable that with the growth of a significantly more complex society, governments would become more involved in providing a wider range of social services. Most of you will recall that this involvement, springing from the ethic of equal opportunity, reached its zenith during the late 1960s and early 1970s.

As a result, we experienced many major initiatives in health care, education, employment programs, cultural support and income security - and some on too grandiose a scale to be maintained. Quite naturally, this flood of government initiatives created some withdrawal of individual initiative. But it quickly became apparent that government agencies could not do all that was demanded of them. Expectations outpaced the ability to provide services, and many needs continued not to be met.

With the advantage of hindsight we can now see that the need for volunteers really never abated. Only people's willingness to participate in volunteer work was reduced. Now the need for volunteers is becoming even more urgent and people's willingness to participate must be reawakened. As I see it the challenge you face is twofold; to expand the volunteer sector, and to make it more efficient. That is where I believe most of you, as professionals, will have an important role to play. You must develop approaches which will attract the maximal voluntary support; and you must continue to seek new ways to use this support in the most productive way possible. To meet this challenge it will be necessary to better understand the motivation of both individuals and corporations which participate in the voluntary sector. I would now like to make a few suggestions in this regard based on my own experience.

Let me start with the individual, who I consider to be by far the most important participant in voluntary activity. In my view, there is no substitute for people helping people. Whatever the cynics may say, the commitment and enthusiasm an individual brings to the volunteer sector cannot be purchased or replaced. I have found in my business life that it is a constant challenge to elicit such motivation and enthusiasm from people. But when it comes, when there is that energy and spirit, it almost assures the success of any venture. In volunteer work, we can assume that because an individual has volunteered, the motivation to do an effective job is there. The question is, how best to use it?

I have two suggestions. First, give the volunteer a creative and flexible environment in which to work. To many people, the challenges and variety of volunteer work are a welcome antidote to the more routine nature of their regular jobs. So make sure the individual is able to derive a sense of accomplishment from volunteer work and a sense of the ability to create change on whatever level it may be. Second, remember that the volunteer probably got involved in the first place out of a sense of commitment to serving others. Make sure they have ample opportunity to express their sense of caring and concern, and to experience the human consequences of their work.

I expect many volunteers share my own preference to know the results of volunteer activity in terms of "people helped" rather than "dollars raised" or whatever other impersonal measure may be used. I do not wish to dwell too long on the motivation of the individual volunteer. My experience in this area is limited and I realize that many of you may have a different and equally valid point of view. However, when I speak about corporate participation in volunteer activity, I am more sure of my ground. My working life has been spent entirely in the corporate world, and for a long time one of my particular interests has been corporate support of the volunteer sector.

The twofold challenge you face with regard to the volunteer sector as a whole also applies to your relationship with corporations: you must help to expand the amount of support they provide and you must find ways to make the best possible use of a company's willingness to participate. Dealing first with the amount of corporate

support, studies show corporate contributions rising steadily during the last few years. But it is doubtful that this increase has kept pace with inflation. Using Toronto as an example, in the 1973 United Way Fund Raising Campaign, 42 per cent of the contributions came from companies, a dollar value of nearly \$6 million. By now, just to keep pace with inflation, not to mention a growing community in size, complexity and need, these contributions should now be in excess of \$10 million. In fact, last year companies contributed only a little over \$8 million to the Toronto campaign. It's a \$2 million increase in numbers, but in real terms it is significantly less than it was seven years ago.

The last thing on my mind is to minimize or denigrate the many significant contributions to volunteer activity which are already made by many good corporations. But the inescapable fact remains; much more will have to be done. As you all know, there is no sure way to guarantee success when you approach companies for a new or expanded corporate contribution. I can only hope that those companies which currently leave support of the voluntary sector to others will come to share my view that business has an urgent need to reaffirm its commitment to the communities in which it operates. At Shell Canada we see this commitment as a long term investment of both money and people to help create a better environment for all.

I believe that public understanding of business and public confidence in business would be at much higher levels if this viewpoint had been more effectively communicated by and more widely adopted by business over the years.

Dollars Alone Are Not Enough

When we turn to the quality of support that a corporation might offer, rather than its quantity, I see must more untapped potential and scope for innovation.

In my view, dollars alone are not enough; the most important role of the corporation is to set an example and provide the environment which will support the participation of employees in voluntary activity.

There are a number of ways in which this can be done. For example, employees of Shell Canada can receive a grant from the company to support volunteer activities in which they are involved. This program is not intended to earn credit for the company, but rather to recognize the commitment and initiative of the individual employee in his or her chosen volunteer activity. Another Shell program involves volunteer recruitment. Under this program, openings for volunteers are advertised to our employees. So far we have had a high rate of success in finding appropriate people to undertake volunteer work with various social and community organizations which have used the service.

Finally, I think matching grants programs are a good way for you to encourage corporations to support the volunteer interests of their employees. For example, when Shell employees organized their own fund raising drive within the company to support Terry Fox's Marathon of Hope, the company was asked, and happily agreed, to provide a matching grant. Again, the credit belongs not to the company but to the individual employees who took the voluntary initiative. I hope you will excuse my using Shell examples, but they are the ones with which I am most familiar. I think all three examples demonstrate the point that there are many ways in which corporations can be encouraged not only to provide financial support to the voluntary sector

but also to support individual commitment and initiative, the most important components of volunteer activity.

In conclusion, I would like to summarize the main points we have touched on this evening. I believe that further reductions of government support for social services is inevitable and will result in much greater demands on the volunteer sector, and hence put greater burden on your shoulders. The challenge you face, with both individual volunteers and corporations, is to increase support significantly and to develop new approaches to ensure that it is used in the best possible way.

Finally, I would again like to emphasize my belief that the enthusiasm and commitment of the individual is by far the most valuable asset of the voluntary movement. The success with which you support and encourage the individual will be the principal measure of your success in dealing with the voluntary sector in the years ahead. I wish you every success in meeting this challenge, because it is so important. And I thank you again for inviting me here to share these thoughts with you tonight. God bless you all and the work you do to help those less fortunate. I hope you have a most successful conference - in this the International Year of Disabled Persons.

THE SERVICE DELIVERY SYSTEM FOR BLIND
AND VISUALLY-IMPAIRED PERSONS IN THE UNITED STATES

by

William F. Gallagher, Executive Director
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New York, New York 10011

The theme of the 1981 International Biennial Conference of the American Association of Workers for the Blind has been a salute to the International Year of the Disabled Person. Speakers have reported on worldwide activities in connection with IYDP and also about the status of disabled persons, particularly those who are blind or visually impaired in various regions. Speakers have been most eloquent and interesting and I commend them on their presentations. At this time, it is my responsibility to speak to you on the service delivery system for blind and visually-impaired persons in the United States. As I reflected on this and collected my thoughts, I kept thinking that many of our jokes in the United States today begin with the statement "I have good news and bad news." With my reputation for joke telling, I am sure that many of you are squirming right now in your seats - so I will spare you. I do, however, have both good news and bad news.

The good news is that the United States can point with justifiable pride to its service delivery system for blind and visually-impaired persons. The past 50 years have seen an enormous growth of opportunities for blind and visually-impaired citizens in education, employment and community participation. Just 50 years ago, during the 1920's, many thought that educating a blind person beyond the very basics was pointless since his or her opportunities for employment were severely limited. And, when one suggested that employment opportunities should be expanded, the response was that this was impossible because the education levels of most blind people were so basic. In the United States today, thousands of blind children attend school side by side with sighted contemporaries. Thousands of blind men and women graduate from college each year and many go on to get masters and doctoral degrees. More blind and visually-impaired persons work in many more areas of competitive occupations than ever before.

During the past 30 years, the field of blindness has become increasingly professionalized as well. Many universities and colleges have both undergraduate and graduate programs for training rehabilitation teachers, orientation and mobility specialists, teachers of the visually handicapped, rehabilitation counselors, and many other professionals whose expertise is needed in the field. Landmark federal legislation has played a pivotal role in stimulating expanding opportunities and professionalism. This legislation provided for the federal funding of the national rehabilitation system through state agencies and commissions for the blind. Federal categorical grants have funded many programs in private agencies that serve blind persons. The 1978 Rehabilitation Amendments protect blind and other disabled persons through Section 503 from discrimination in employment on the basis of their disability and through Section 504 they are guaranteed access to public facilities.

I could stand here for several hours and recite the many accomplishments of our field over the past half-century but, to paraphrase T.S. Eliot, the past is only relevant when it affects the present but the present is in jeopardy and the future is a big question mark. This brings me to the bad news. Ironically, in 1981, the International Year

of the Disabled Person, blind and visually-impaired persons in the United States face the possibility of being further disabled by the double-edged sword of drastic funding cutbacks and the abolition of the current federal funding system for rehabilitation and education of disabled persons. We have been told by the administration in Washington that we can no longer afford to guarantee blind children an equal education. The administration also says that rehabilitation programs funded by federal categorical grants are a major contributor to inflation; therefore it has recommended, and the Congress has passed in principle a budget that cuts back drastically these programs. This is what is being said by the leaders who govern one of the richest countries in the world. We have been told, however, not to worry because there is a safety net in the current economic proposals which will protect the "truly needy."

It is my firm belief, and I believe the evidence is there to support it, that with respect to blind and visually-impaired persons, this safety net is about to rip wide open. It will not be able to withstand the weight of the proposed block grant system. Earlier this year, I sent a summary of the threat that block grants pose to our service delivery system to more than 25,000 people in the field. The essence of this threat is the abolition of specialized services for blind and visually-impaired persons. Block grants will not have mandatory guidelines. States will be able to spend the money on programs of their choosing. Block grants have no requirements for state matching funds. The various disability groups will be forced to compete for whatever funds are allocated to rehabilitation and education of handicapped persons. Thus, the potential for further reduction in total financial resources.

While I would never say that the other disability groups have much to cheer about under this system, blind and visually-impaired persons stand to lose much if not all of what has been achieved over the last 50 years. Because blindness has a lower incidence than most disabilities, it will not have the political clout to guarantee its fair share of funding. What will this mean to blind and visually-impaired persons? Without specialized programs prescribed and monitored by the Federal Government, the following services are seriously threatened: 1) Education assistance to blind children who are attending local schools, 2) Aid for blind college students including financial, equipment and reader service, 3) Special-education programs for multiply-impaired blind children, 4) Assistance to blind persons through the social-security system and SSI program, 5) The provision of technological devices to aid blind persons in their jobs, 6) Social Services and rehabilitation counseling, 7) Financial aid in the business enterprise program, 8) University training of specialists in the field of blindness, 9) Referrals to Rehabilitation centers for the blind and visually-impaired, 10) Independent living centers for visually-impaired older Americans.

In short, the needs of blind persons will become the responsibility of generic agencies and schools with no expertise in the unique aspects of blindness. I will concede that some states will maintain high levels of services for blind persons but I fear many will not. Relying on states to do this has been a failure in the past. It was for this very reason that the federally funded and monitored system was established.

What does this mean to you and me, we are only individuals - we have survived so far - our programs are operating - and what can one individual do? Some of us, however, have already seen the effects of cutbacks - belt-tightening. I submit that it is because we are

individuals with individual talents and individual commitments to our work, the potential for what we can do is great - but only if we join together in a common cause - the preservation of the blindness service delivery system. Beyond preservation, we must work together to expand this system to build on the accomplishments of the past 50 years to meet the unmet needs of today and prepare to meet the unknown needs of tomorrow.

Let us examine the character of our professionalism. Is it narrow? Does it center only around the discipline of our training or is it broad enough to embody the total purpose of why we do what we do? We are not just social workers, mobility specialists, or rehabilitation teachers, rehabilitation counselors, teachers of the visually handicapped, low vision specialists, or administrators or support staff in agencies that offer services to blind persons. We are workers for as set forth in the title of our organization - the American Association of Workers for the Blind. Our concern has to be with the whole system - our effort had to be cooperative - our commitment has to be to the consumers of our services, the quality of the services we offer and our competence to deliver these services. Our commitment to consumers and quality of service must be strengthened considerably. Consumers, organized or as individuals, should not be viewed as a threat by service providers. They are in fact the very reason for our professional existence. We should consider them partners in the efforts to increase their opportunity and capability of achieving their objectives in life.

Regarding the quality of our services and our competence as providers, I cannot emphasize too strongly the need for high standards applied through the accreditation process. Recently, I called together representative leaders in the field to develop a strategy for broader acceptance of standards for accreditation and the accreditation process within the field. It was agreed at this meeting that standards and accreditation are vital to any effort to preserve and improve the blindness service delivery system. It was also agreed that the program of the National Accreditation Council of Agencies and Schools Serving the Visually Handicapped should be endorsed and promoted by all organizations of and for the blind.

We have seen in the past what we can do when we work together. We have only accomplished what has been accomplished because from time to time the blindness system including providers and consumers join forces to accomplish a specific objective. However, this kind of cooperative action in the field of blindness has been, at best, sporadic and has never been completed. We can no longer afford the luxury of getting together only when it is to our immediate benefit. There is no room anymore for turfism within the field of blindness. This goes for professionals as well as consumers. I was told recently when I proposed the concept of consumer-provider unity that if a mediator said to labor and management involved in a dispute that he would not mediate unless they were more unified, he would be laughed at. I don't think that it is such a farfetched concept, particularly in our field. I don't see the need for nor the value in an adversary relationship, such as we might find in a labor dispute.

The benefits to all blind and visually-impaired persons which can be gained through cooperation are far greater than the spoils of confrontation that any group or individual can hope to achieve. I therefore call on each and every one of you as individuals and as professionals in the field of blindness, to join with me in a campaign of unity. Such campaign will preserve the present - secure the future and keep the United States in the forefront of opportunities for blind and visually-impaired persons. In this campaign, I pledge the full support of the American Foundation for the Blind.

CONSUMER PARTICIPATION IN THE REHABILITATION PROCESS

by

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It is a matter of distinct privilege to be asked to participate in this Convention; unique because the major theme "Consumer Participation - International Focus" represents an early and positive response to the clear statement on cooperation from the World Council for the Welfare of the Blind General Assembly of 1979 (Antwerp), namely cooperation between organisations of the blind and for the blind and cooperation between consumer and provider. Perhaps I ought to begin by acknowledging that it was with considerable trepidation that I accepted an invitation to make this presentation to such a gathering of respected and expert opinion. However, these feelings were reduced with the realisation that all of you, like me, enjoy working with people and the real everyday problems of living. I have thus come to appreciate this as an opportunity to share something from my own philosophy and experience.

The gap between disabled people and others can never quite be closed. Even among blind people there are distinctions to be made between those born with an impairment or who contract it very young, and those who later become blind by disease or accident. The problem of the first group is to acquire abilities and to develop those physical, social and personal attributes so as to be accepted within "normal" society. The problem of the second is to learn to accept their impairment, because acceptance must come before adaptation and a possible new self-fulfilment. In either case, the full resources of modern techniques and technology can be applied in the process of rehabilitation, the means by which we, the agency attempt to assist blind persons in the improving or restoring of individual capacities.

It is with consideration that I speak of the "rehabilitation of blind people" and not merely the "rehabilitation of the blind". "The blind" is a collective term, and like such terms as "the aged", "the disabled", "the retarded", tends to bring to the mind of the observer what he feels a member of such a collectivity should be like. The methodologist of research, Kaplan, (1) warns us of this danger in this statement:

"The most serious shortcoming of collective terms is the serious temptation they hold out to commit the sin of reification. Though they are constructs or theoretical terms, they invite treatment as indirect observables, as if they designated individuals of a larger and more elusive kind than those ordinarily encountered in experience."

The sins of reification of his fathers weigh heavily on the shoulders of the Rehabilitationist. Society has stereotyped the chronically disabled, the social misfit, the blind and the insane together as "the poor" in the not far distant past. In the one hundred years of insight since the days of the poorhouse the sin of reification has not been abandoned, merely refined, and instead of one great heterogeneous mass of people who were identified by their single, but at least social characteristic of poverty, we now have a multitude of little groups of people identified by a medical description of their disability. We have spastic centres, paraplegic units, geriatric services, and

multiple-sclerosis societies. This disease, namely, specifically stereotyping the disabled man was the natural result of the entry and rapid domination of the care of the chronically disabled by the medical profession. It is a concept that has produced rapid advances in rehabilitation medicine, and the care of the handicapped. But, it has had its liability in that it tended to treat the man as a biologism, out of his human psychic and social environment. In rehabilitation (2) this has led to an emphasis on the technical and mechanical aspects of relief for the handicapped, the "Physical Medicine" side of chronic care. It has also meant that the restoration of the physical cripple to functioning life has been determined and developed by an entirely different set of people, with mechanical techniques and objectives, from those in psychiatric services, whose business it is to socialise the intellectual or emotional cripple. The communication between these two sets of people engaged in operations with similar objectives but clients with different labels is a tenuous one. Such are the problems of the use of the collective term. Today we must acknowledge that there is no such thing as the stereotype, and there is no answer to questions such as "what are the needs of the blind?", because there is no such thing as "The Blind". But there are a lot of people who cannot see and who, because of this may have serious disturbances of their physical and psychological well-being and ability to function as responsible members of society.

An unfortunate criticism that is still too often levelled at professionals in the field is that we tend to reduce our blind clients to sets of tables and statistical measurements. Such may be said to be part and parcel of the dangers of recording and transmitting information. But, in analysing the rehabilitation process it behooves us all to recognize the essential fact that figures are indeed more than a set of variables. They are people; people who are brilliant and witty, people who are lonely and sad, people who are crafty and cranky, and people who are shy and afraid. They have only one thing in common, none of them could see. However, no matter how severe an impairment, a blind person still has a potential for some degree of physical, economic and social independence.

The extent to which the potential of a blind person is realized depends on the availability, range and quality of support from the community. The disabled are usually realistic about their limitations but believe they could lead more normal lives if only they could obtain more help with training, travel, equipment, housing or employment. In contrast, society has traditionally tended to give weak support to the principles of economic independence and social integration and relatively strong support to physical and economic dependence and social segregation. Unfortunately, too many blind persons can still grow up in separate and institutionalised systems that are still producing persons with disorders of personality and behavior not too dissimilar to the institutional neurotic discovered by psychiatrists thirty years ago. They can still grow up within a blindness system developing disorders of posture and mannerisms that will stigmatise them throughout life. Rehabilitation must be concerned with the total adaptation of the whole man, it must also be seen as a process of people helping people.

Loughary and Ripley (3) suggest that:

"Helping is providing purposeful assistance to other people which makes their lives more pleasant, easier, less frustrating, or in some other way more satisfying."

Fischer, (4) in a more complex definition believes that:

"In the broadest sense, interpersonal helping can be described as informed, purposeful intervention either directly with, or on behalf of, a given person or persons (client). The goal of such intervention is to bring about positive changes either directly in the clients functioning, or in environmental factors immediately impinging on the client's functioning. These interventions are intended to enhance aspects of the client's feelings, attitudes and/or behaviour in such a way that his personal and social functioning will be more satisfying and beneficial to him."

The Fischer (4) definition goes further than that of Loughary and Ripley (3) in that it suggests that helping is an 'interpersonal' process involving at least two parties - the helper and the person being helped - the client. Both definitions point to the goals and purposes of helping, but Fischer suggests that the purpose of helping is to make life "more satisfying and beneficial to him," namely, the client. In other words, the client determines what would be more satisfying and beneficial for him. This suggests implicitly, at least, that the client has a role in the helping process, not only in terms of the objectives of the helping, but also perhaps in the ways or methods by which he is helped. It should be noted that Fischer's definition does not necessarily include the ideal of "fitting" the client into his society, but is concerned with the client's attitudes, behaviours and feelings so that he can better live with himself and in his interpersonal relating.

Both these definitions beg a number of serious questions, however. "Are you entitled to intervene in any other person's life?" "Provided the results of your actions are positive 'does it matter what methods or procedures you adopt to attain such goals?' "If, for example, a young adolescent girl is 'having trouble' with her parents, should you encourage her to leave home, or more drastically to shoot her parents in order to solve the problem?" This is not so farfetched as it sounds. A number of helpers have so narrowed the focus of their helping to that of the "presenting client" that they have ignored the environment, human and physical, in which their client lives, to the detriment of all concerned.

Helping is seen as being "purposeful" in both definitions and informed Fischer (4). This suggests that not only is the helping behaviour purposeful in the sense of attempting to achieve some goal or objective of benefit to the client, but also in the sense that it is intentional. The helper intends to assist the client. This then precludes from the gambit of helping, those behaviours of the helper, that fortuitously assist the client. Helping, according to Fischer, must be informed, that is, informed by a knowledge of human behaviour, growth and development, personality; and by a knowledge of what is involved in helping. Informed, in other words, by theory from a variety of sources and disciplines that impinge on the human condition. Furthermore, implicit in the Fischer definition of helping is the suggestion that helping cannot merely be seen as the utilisation of a "recipe book" approach of a compendium of appropriate skills, without the understanding and knowledge that underlies those particular skills. Helping is a purposeful and informed activity that is primarily aimed at enabling the person being helped to help himself.

Help has also been defined "as providing conditions for people to fulfil their needs for security, love and respect, self esteem,

decisive action and self-actualising growth." Brammer and Shostuim (5).

It is true that our clients are much more like, than unlike, us, but they differ in one major respect. They have suffered the psychological impact of disability and have adjusted or are in the process of adjusting to this impact. Because of the form this difference takes it might be said the greater gift a counsellor can bring is the counsellor's own self-awareness.

The experience of becoming self-aware, which involves a combination of processes, is a somewhat painful, uncomfortable and unnerving experience for a person to work through. When counsellors are challenged during training to look at their own personal concepts and insights with regard to themselves, they become aware that self-examination and self-disclosure is a disconcerting, possibly frightening exercise. To look honestly at themselves and some of their basic feelings about themselves, their perceptions of life and their own coping strategies can shake some fundamental views of themselves as people. Through this process they come to realise that to bring out for examination feelings that have been personal and private requires a great deal of courage, and an ability to work through and accept what they discover about themselves. Most people have beliefs and ideals that are central to their opinions of themselves, and most persons have formed these without looking too closely at the reasons for their views. When they look deeply at underlying reasons for their actions and reactions they move towards bringing to the surface feelings which, if unidentified, could cause inappropriate reactions to disclosures by clients. By this I mean that if persons have had the experience in their life with a domineering parent, they could over-react and overidentify with a client who tells a story that strikes remembrances of how it felt to be in a similar situation. Therefore, feelings about a past personal experience can cause problems. However, if persons have been able to understand themselves and become aware of problem areas in their own life experiences they will be careful not to transfer their own feelings about their personal situation to the client's situation.

A counsellor who, through self-awareness, has become self-accepting, can react to others as individuals in a positive, supportive manner. Identifying who you are and what is important to you, with implications of honesty to yourself, signifies important growth toward maturity as a human being. The process involved in becoming a mature, self-aware person allows a counsellor to understand what a frightening experience it can be for clients to disclose to a counsellor their innermost feelings about themselves and life as they see it. A deep, aware understanding of self permits counsellors to stimulate and encourage personal insight and growth on the part of a client. Counsellors who are honest with themselves and accepting of themselves as unique individuals can empathize and identify with feelings or actions on the part of the client, even those which are fundamentally different to how they would feel or what they would do in similar circumstances.

Another advantage of self-awareness is the recognition of those personal characteristics, that could include, among others, impatience for progress, the tendency to organise and the desire to give directions. When conscious of tendencies such as these, counsellors can monitor reactions carefully and respond in a way that will be supportive and help clients toward personal change and growth at their own pace. If counsellors are experienced at identifying their own feelings they are then able to help and encourage clients to interpret feelings and to speak openly about them. Also, if counsellors have the ability to

share their own personal learnings and experiences at appropriate times, in a natural way that is encouraging to clients, this can give clients courage, hope and support in their search for understanding, meaning and new goals to bring about growth and change in their lives.

It is well to remember that self-disclosure is a risk, an act of faith, that whatever one discloses will be treated with respect and dignity by other people and the self-disclosure will not be a subject of mockery. Due recognition of such aspects, as well as due recognition of what it means to be a client by the helper, will enable the helper to be more sensitive to, and caring about, the needs of the client. In discussing the nature of clienthood, we are inevitably sharpening the role of the helper. Much of this discussion can be built around the ideas of Alan Keith-Lucas (6). He argues first of all that all helping takes place in a relationship, and secondly, that people who come for help rarely really want to be helped. He states that to ask for help makes considerable demands on the client, namely:

1. A recognition that there is something wrong.
2. A willingness to confide this weakness or difficulty to another.
3. A willingness to let a helper have some kind of power over him.
4. A willingness to risk the unknown.

I believe it takes real courage to be a client, it takes real courage to risk self-disclosure, and it takes a strong person to say to another, "Please help me." The emphasis on these four points of Keith-Lucas is to drive home to helpers that we must never become blasé about working with clients, nor should we ever take them for granted.

In becoming a client the blind person follows a sequence of events that precipitate action through a treatment phase until "discharge" and return to the community.

Gidlow (7) speaks of there being seven stages in the "unfolding career" of the client:

- Stage 1 (Primary Behaviour): Behaviour which attracts attention.
- Stage 2 (Reaction - Interpretation): An interpretation of this behaviour.
- Stage 3 (Reaction - Decision): A decision about the meaning of the behaviour.
- Stage 4 (Official Contact): Contact with agency/person who can do something about the problem.
- Stage 5 (Treatment Decision): Decision by agency/person about what should be done.
- Stage 6 (Release Decision): Decision by agency/person when treatment should cease.
- Stage 7 (Community Adaptation): Return to the community and response by that community.

The loss of control that many clients feel in rehabilitation is amply demonstrated in this model. For traditionally it is the reactions of others that play a crucial role in all stages, except perhaps the first.

Significant others to a blind person inevitably include those similarly impaired. A blind person will more easily identify with fellows of similar experience of life. Agerholm (8) suggests that disabled person actually play a greater role in giving ideas to rehabilitation than many others might think and states:

"The best rehabilitation ideas were usually theirs, and they worked out their own practical solutions to their own practical problems."

In many parts of our world there is an urgent need for blind people with appropriate professional training to work in the field of rehabilitation. Until this does occur on a more widespread basis, self-help groups of blind persons can provide a focus for effective action; and an involvement through a less stressful system of interaction than that which might be offered by agencies for the blind. By cooperating with such groups we can usually establish a useful bridge between those who wish to provide service and the potential recipient.

After considering such a summary, two fundamental questions need to be asked: "Do blind persons need to participate in their own rehabilitation from the point of view of organisation outcome?" and "Do blind persons want to participate in their own rehabilitation?"

The matter of personal adjustment and that of organisational development may be separate issues. Rehabilitation to the level of adequate personal adjustment may be enough for one blind person whereas others may extend that concern to overall organisational development for the betterment of blind welfare generally. Still others may find escape from the need to make continual personal adjustments - always an ongoing life process - by "fighting establishment" on the nature of organisational development. The attitude of my agency to such questions is found in the preamble to its empowering legislation.

"So much as it is within its power, the Board of Trustees of the Royal New Zealand Foundation for the Blind confirms the principle that visually handicapped people have the right and responsibility to become equal partners in the formulation and dispensation of services to the visually handicapped, in accordance with the purposes of the Foundation."

and among our objectives:

"The Foundation shall actively encourage visually handicapped people to participate in the determination of matters pertaining to their total welfare; and, consult with visually handicapped people regarding the introduction of services designed to meet their special needs."

Inherent in this attitude is the understanding that rehabilitation, formal or otherwise, never really succeeds without the act of participation by the rehabilitee. Personal participation is seen as the principal ingredient. Formal rehabilitation of blind adults in New Zealand is still relatively new. The fact that there are and have been many highly successful and some quite outstanding blind people in New Zealand, going back over a period of some ninety years, indicates

clearly that there is a strong urge to adjust, to overcome, to achieve, sometimes even excel - in short, self-determination to rehabilitate. In this I doubt there is any measurable difference between blind people in New Zealand and most other developed countries, in spite of New Zealand's relatively long history of state and private welfare systems. At any rate, New Zealand certainly has its share of outstanding blind persons whose rehabilitation has largely been the outcome of personal courage, initiative and enterprise. Of course there have been failures and these too must be permitted.

Brattgard (9) states:

"The only way of achieving the right attitude to the disabled is to accept him as a collaborator and fellow member of the community; a man who can take full responsibility for his life and his actions."

As a professional in rehabilitation I know very well that (a) the cure lies in the counsellor rather than in the counsel; (b) the timing of rehabilitation is critical; (c) the client has to want to grow; (d) much of our rehabilitation system is guilty of perpetuating dependency; (e) rehabilitation is not possible without a partnership; and (f) the counsellor is a facilitator to personal survival - the quality of which can only be determined by blind people themselves whose right and responsibility it is to seek full participation through self-help.

Rehabilitation is a road to travel - and beyond.

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THE WORLD COUNCIL FOR THE WELFARE OF THE BLIND

by

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Introduction

The World Council for the Welfare of the Blind (WCWB) is an example of international cooperation among professionals and organizations concerned with blindness and its prevention. This multinational cooperation has led to the development of its organizational structure and the delineation of its objectives. The World Council for the Welfare of the Blind was organized in accord with a Resolution adopted during the 1949 International Conference of Workers for the Blind held in Oxford, United Kingdom. That Resolution proposed that the international organization should be composed of representatives of agencies and organizations of and for the blind. As a result, an International Committee was established and in 1951 a draft constitution of an international organization was approved by a constitutional assembly. Thus, the World Council for the Welfare of the Blind came into legal existence and a constitution was adopted. According to the constitution, national membership is open to representatives of organizations of and for the blind.

The aims of WCWB foster international cooperation among organizations concerned with the welfare of the blind and the prevention of blindness all over the world. Until now, the Council sought to implement these aims by providing consultation among organizations, encouraging the exchange of experiences, collecting and disseminating information, carrying out studies related to services to the blind and providing guidance with respect to the fields of rehabilitation, vocational training, employment, education and the prevention of blindness.

Between the years 1951 and 1954, many nations were admitted to membership on the Council and in August 1954 the first World Assembly was held in Paris. Beginning with 1954 the following general assemblies have been held:

- 1954 - in Paris, on "Various Aspects of Blindness"
- 1959 - in Rome, on "The Employment of the Blind"
- 1964 - in New York, on "The Problems of the Blind in a Changing World"
- 1969 - in New Delhi, on "The Blind in an Age of Science"
- 1974 - in Sao Paulo, on "Resources and Relationships for the Improvement of Services for the Blind"
- 1979 - in Antwerp, on "Cooperation"

Membership in the WCWB

Since its inception, the WCWB has encouraged the participation of blind persons and their organizations not only in their countries but within the Council itself. Such encouragement is reflected in the following article of the Council's Constitution:

"Where in any country there exist a substantial group of blind persons occupying leading positions in agencies for the blind, adequate provisions should be made for their representation in the national delegation."

It may be desirable to examine the question of membership in the WCWB:

- a) National Members to WCWB are individuals nominated by each country that participates in the Council provided their nominations are supported by a consensus of the nominating body of their national organizations. These individuals become members of their national delegations to the General Assembly. Countries with a population of less than 20 million are entitled to nominate two National Members. Those with a population of less than 3 million may designate only one member. However, those countries with populations between 20 and 40 million are entitled to name up to four members, and those exceeding 40 million, up to six National Members. All National Members must hold or have held responsible positions in the direction or administration of recognized organizations of or for the blind.
- b) Associate Members to WCWB include persons or organizations that may be designated by the Executive Committee of WCWB as Associate Members of the Council. This is accomplished after consultation with the National Members of the country concerned, but such members do not have voting privileges. They may, however, be eligible to serve on committees other than the Executive and Finance Committees.
- c) Sponsoring Members are those who contribute an annual membership fee. They have the same privileges and restrictions as the Associate Members.

The number of member countries affiliated to WCWB has steadily increased. In 1981 there were 76 member countries from five continents and 70 Associate Members from 34 different countries.

The Governing Body of WCWB

A key facet of the organizational structure of WCWB is the responsibility assumed by the Honorary Officers. In the interim periods between General Assemblies they act for the Executive Committee in administering the activities of the WCWB. The Honorary Officers of WCWB consist of a President, the Immediate-past President, the Secretary-General, the Treasurer, and six Vice-Presidents, one for each main region of the world. The Executive Committee includes the Honorary Officers, the Chairman of the Consultative Committee, 25 National Members -- 7 from Europe, 5 from North America and Oceania, 5 from the East and South-East Asia, 3 from Latin America and the Caribbean, 2 from the Middle East and 2 from Africa. In addition to these members, there are 2 representatives from among the International members and 3 members-at-large.

With its main quarters in Paris, France, WCWB has tried to implement the policy of participation in establishing its several

standing and regional committees. In emphasizing the full cooperation between organizations of and for the blind at the national level, the Council has been instrumental in fostering a number of national committees at which organizations and agencies of and for the blind can reach common decisions in the General Assembly and in Regional Committees of WCWB.

Regional Committees of the WCWB

The Regional Committees deal with specific problems in various regions of the world. Among these committees are the following:

- Committee on African Affairs
- Committee on Asian Affairs
- Committee on European Affairs
- Committee on Latin American and Caribbean Affairs
- Committee on Middle East Affairs
- Committee on North American and Oceanian Affairs

Some Regional Committees have established commissions or sub-committees that meet regularly to discuss specific topics within a regional context. At present there is a growing awareness of the need for, and a continuous emphasis on, interregional cooperation. Among the activities related to such cooperation, that have proven to be effective are those listed below:

Committee on Middle East Affairs

As a result of efforts of this Committee, the Saudi Government provided a one hundred thousand dollar grant to the Society of the Blind in Mali, to fund a new residence for blind children. The Committee is also providing the following regional or interregional assistance:

Annual membership fees for some of the less affluent WCWB member states.

Financial assistance to some projects of international organizations, including some of those of the WCWB itself.

Of particular note is the reimbursement of expenses including tuition fees of students of various nationalities, among the recipients of such support are an Iranian, a Jordanian, a Pakistanese, a Sudanese and a Moroccan to study in different parts of the world.

Committee on North American and Oceania Affairs

This Committee is soliciting aid for less advanced nations within its region. One such activity is the multiphased project involving HKI and the Fiji Society for the Blind, for which substantial support has been obtained from the U.S. Agency for International Development. The purpose of the project is to increase services for blind children and adults in Fiji, with eventual expansion of such service to other regions in the South Pacific. Another example of interregional cooperation was the provision of two instructors from Australia, as the Region's contribution to the WCWB/IFB training course for blind women, held in Kuala Lumpur, Malaysia.

Committee on European Affairs

Pursuant to an agreement signed by the European and African Committee, some effective aid has been provided by the European Committee to projects in Africa.

Standing Committee of the WCWB

WCWB Standing Committees are active in the fields of Cultural Affairs, Development Cooperation, Prevention of Blindness, Education of the Visually Handicapped, Rehabilitation, Training and Employment, Services to the Deaf-Blind, Social Development, Sports Activities and the Advancement of the Status of Blind Women. There is also one Standing Committee that manages the Louis Braille Memorial and a Finance Committee. Among the many activities developed by the Standing Committees under their sponsorship, or with their cooperation, the following are noteworthy:

Committee on Rehabilitation, Training and Employment

As its name implies, this Committee deals with a wide range of subjects, from basic rehabilitation to vocational rehabilitation, vocational counseling, placement and employment. The Committee, formed during the General Assembly of 1974, held in Sao Paulo, Brazil, held its first meeting in Geneva, at the ILO Headquarters, in October 1975. A working plan was adopted and for the first time the Committee had an excellent opportunity to study the ILO BLINDOC Service. This service was organized by ILO to provide information and documentation on Services for the blind throughout the world.

The Committee organized a Subcommittee on Mobility and Guide Dogs that is exploring the possibility of organizing a Conference on Guide Dogs, to be held in Florence, Italy. Action oriented rural-training seminars are being organized by this Committee in accord with ILO priority on rural rehabilitation during the International Year of the Disabled Person. Progress was noted in planning such seminars in Malawi and Sri Lanka.

The Committee also organized Sub-Committee on Research Coordination. It was agreed that a list of research laboratories, with addresses, be prepared, so that all members be informed on recent developments in research with implications for blindness and visual impairment.

The Committee on Services to the Deaf-Blind

The First International Conference of the Committee was held in 1977 and a Declaration on the Rights of the Deaf-Blind was adopted. The Committee organized a Second International Conference on Deaf-Blindness in Hanover, in July 1980. All coordinators of, and lecturers at, the Conference were deaf-blind persons. It was decided that the Committee should issue a Newsletter to be sent to all participating countries in order to provide up-to-date information on progress and developments in work for the deaf-blind in various countries. But funds for this latter project are not available at the time of this writing.

The Third International Conference is planned for 1983, and depending on its implementation, will be held in Saudi Arabia. The

proposed theme of this coming Conference deals with scientific and technological solutions to the problems of the deaf-blind. It is hoped that the subcommittee charged with studying a possible international method for communication of the deaf-blind will present its findings at the Conference.

The Committee on Cultural Affairs

This group has been working on the unification of mathematics and music notation, linguistic braille, library services and copyright issues. From 1974 to 1976 the Chairman of this Committee established rapport with UNESCO and paved the way for the Draft Protocol to the Florence Agreement. This agreement was concerned with the duty-free importation of equipment and all types of materials for use by the blind and visually handicapped. The Draft Protocol was approved during the 34th General Conference of UNESCO in Nairobi, Kenya in November 1976. The work of WCWB and its Committee on Cultural Affairs resulted in the acceptance of WCWB as a permanent observer member of the Intergovernmental Copyright Committee - IGC of UNESCO. The Council was also admitted in October 1979 as a permanent observer member, during the Tenth Series of Meetings of the World Intellectual Property Organizations Executive Committee (WIPO), held in Geneva. A comprehensive Programme of Talking Books in Portuguese and Spanish in minicassettes is under consideration by the Library Services Sub-Committee. The programme would be housed in a Regional Center of Production in Sao Paulo, Brazil.

The CCA Sub-Committee on Computerized Braille Production and other Media for the Blind and Visually Handicapped organized the First International Conference on Computerized Braille Production, in London in May 1979. This was an additional step in bringing people together in an effort to disseminate information on the use of advanced electronic technology in the production of printed material for the blind. This Conference was hosted by the Royal National Institute for the Blind. During the last meeting held in Venice, Italy, in May 1981, a new structure was approved for this Committee. Its efforts will be devoted to three main areas, namely, 1) Braille, 2) Production and Distribution of Written and Spoken Communication, and 3) Art, Leisure and Recreation.

The Committee on the Advancement of the Status of Blind Women

Established during the 1979 General Assembly in Antwerp, Belgium, this Committee has been developing a survey on the status of blind women in the world and organizing three regional seminars for the training of blind women. The first of these was held in Kaula Lumpur, Malaysia, in March 1981. The participants were 24 women from 10 different countries in Asia. This seminar was organized by the Swedish Federation of the Visually Handicapped on behalf of the WCWB and IFB, with the financial support of the Swedish International Development Authority. The local arrangements were provided by the Malayan Association for the Blind. The second seminar was held in Addis Ababa, Ethiopia, in August 1981, and it is contemplated that the third will be organized in Latin America, early in 1982.

The Sports Activities Committee

Recognizing that sports activities contribute to the rehabilitation and general health of blind persons, as well as to their mobility, the Executive Committee of WCWB, during its meeting held in Riyadh, Saudi Arabia, in 1977, decided to form the Sports Activities Committee.

The situation of sports for the blind was duly assessed in various regions, proposals for developing sports activities were received and discussed and an effort was made to establish liaison with the International Sports Organization for the Disabled. The Committee, supported by three subcommittees on light athletics, on swimming and aquatic sports, and on winter and other sports, has delineated a number of tasks. A major one was to assist Regional Committees in forming sports commissions. At present, such commissions have been established in regions of Europe, Asia, North America, Oceania and South America. An International Symposium on Sports for the Blind was held in April 1979 in Belgrade, Yugoslavia. Cooperation has been implemented between the International Sports Organization for the Disabled and WCWB, through this Committee. The Sports Committee met in London in May 1980 in order to discuss the formation of an international sports association for the blind, and the founding meeting was held at the UNESCO Headquarters in Paris, in April 1981. The new organization is named International Blind Sports Association.

The Committee on Prevention of Blindness

During General Assembly in Paris in 1954, the WCWB received an astonishing report describing the situation of blind people in less-developed areas of the world and listing statistics related to the problem of blindness. Resolution number one of that General Assembly took the document under consideration and affirmed its interest in programmes for the prevention of blindness. The cooperation of the United Nations and its specialized agencies was requested. In fact, prevention of blindness was referred to in 3 of the 7 points of the "Summary of WCWB Future Activities."

The activities of the newly created Committee on Prevention of Blindness presented a report during the 1964 General Assembly that was held in New York, and informed the Assembly that the World Health Day of 1962 had been devoted completely to the special theme of "Prevention of Blindness." The report also indicated that a Central Planning Committee had been set up in Geneva, to coordinate activities of the campaign committees throughout the world. At all levels, the WHO, WCWB and the International Society for the Prevention of Blindness had been worked in close cooperation. More than 100 countries had participated in the campaign and the emphasis on the prevention of blindness had widespread results. Among these was the extensive programme for eye care organized in India; the great effort made in Africa, even to using of helicopters in Ghana; and the Mobile Eye Clinic that had been established in 12 countries of the underdeveloped world.

Currently the basis for the activities in the field of prevention of blindness in the world is chiefly the cooperative work among the International Agency for the Prevention of Blindness (IAPB), the World Health Organization and WCWB. The IAPB was formed in 1975 on the initiative of world organizations concerned with blindness and ophthalmology, and the participation of WCWB in the new Agency was duly approved by WCWB General Assembly held in Sao Paulo, Brazil in 1974.

Some outstanding developments in international action for the prevention of blindness have been achieved since the inception of programmes of different kinds, among them the following:

- 1) The WHO, in September 1980, adopted a Resolution setting up an intergovernmental programme for the prevention of blindness in Africa, and this programme is in operation in five of the six WHO Regions.

- 2) National programmes for the prevention of blindness are being organized in about 45 developing countries.
- 3) In October 1980 representatives of seven Asian countries participated in a Seminar on curable blindness that was sponsored in India by WHO and IAPB.
- 4) WHO, WCWB and IAPB have identified four major priorities for programmes of prevention of blindness in developing countries for the eye diseases onchocerciasis, trachoma, exerophthalmia and cataract. Other priorities are being given to glaucoma, eye injuries and rubella. Efforts are concentrated on strategies against mass blindness caused by trachoma, xerophthalmia and onchocerciasis, and in the case of cataract, where well established technology can be applied at low costs.
- 5) The main objective of IAPB actions is "to eliminate the overburden of avoidable blindness" with the close cooperation of WHO.

According to the last report received during the last Executive Committee meeting on WCWB in Gothenburg, Sweden, there are in 1981, 56 national committees already organized in countries spread all over the world. Positive results are expected in order to avoid the tragedy of having in the world, by the year 2000, double of the number of blind persons we have now in 1981.

It is worthwhile to notice that wherever exists a National Commission on Prevention of Blindness, one will always find members who are affiliated with WCWB. It is also rewarding to know that in most cases, National Commissions are developed by work done by WCWB members.

The Committee on Development Cooperation

This Committee was formed in 1974 as the Committee on Aids to Developing Countries with the primary function to advance the general welfare of the blind in less developed areas of the world, by promoting increased bilateral and international aid. Within the framework of this Committee, participation in the activities involves two different levels of organizations in its activities, (1) the international organizations and (2) the national organizations. Many national member organizations have maintained excellent services of a regional or international interest and character, by means of seminars, courses, publications and financial contributions.

One cannot close these comments on WCWB committees without stressing the importance of the work done by all these Regional or Standing Committees, without which little could have been achieved.

Publications

A basic means for promoting cooperation among its various Committees and many kinds of members is through communication. For this purpose WCWB produces a quarterly Newsletter in English and French that analyzes organizational matters and keeps its members aware of important international issues and of the Council's priorities and actions. With the cooperation on ONCE -- Organizacion Nacional de Ciegos de Espana, the Newsletter is translated into Spanish and is

distributed to all Latin American Spanish speaking countries.

"The World Braille Usage", one of the basic documents in the field of blindness, will be republished. WCWB signed a contract with UNESCO concerning the publication of a revised edition of this book, originally compiled and edited by Sir Clutha McKenzie, in 1954.

Cooperation with International Agencies

As indicated earlier, WCWB works on the basis of cooperation with those who deal with the problems that affect the blind population of the world. This is the only possible way to provide assistance to the 42 million blind or visually-handicapped people in the world. Two-thirds of all blind people live in developing countries. In many of these cultures, blindness still carries a stigma that prevents blind people from participating in community activities. Blind children are hidden by their relatives and are never brought to schools. Blind girls are denied the right to marry and to raise a family. The adult blind cannot participate in the social and cultural activities that enrich the lives of other people.

In general, throughout the world, only a small elite of the blind have attained appropriate levels of education and training, in order to be able to support themselves and their families through their own incomes. The great majority relies on assistance from public relief funds or national insurance schemes. Mostly they depend on the good will of their families and relatives.

The blind are among the poorest of the poor in most of the countries. Many are forced to beg in order to survive, even in our wealthy large cities. Vocational training and work must be available to all blind, so that they can support themselves and their family. That right to be able to support themselves and their families and to live in dignity must be established and emphasized during the International Year of the Disabled Person.

A plan to set up an international documentation service for blind and visually-handicapped persons developed out of a deliberation at the 1969 WCWB World Assembly in New Delhi, India. The ILO agreed to implement such a project in its Work Programme. Early in 1974, in cooperation with WCWB, a new information service was launched and identified as BLINDOC. The principal objectives were to collect information on new approaches of integrating the blind into active life, and, of course, to report on these efforts and techniques to interested organizations, agencies and rehabilitation specialists. BLINDOC information in the form of abstracts extend to a broad range of functions, from assessment, guidance, counseling, to job training, placement and organization of workshops.

Liaison officers have been assigned by WCWB to work in close cooperation with UNESCO and ILO, and a close relationship has been established with most of the international governmental and non-governmental organizations, through work performed by Honorary Officers or by Standing Committees.

Cooperative Work Between WCWB and IFB

There are, at the international level, five main organizations

working in the field of blindness. These are the International Agency for the Prevention of Blindness, the International Council for Education of the Visually Handicapped, the International Blind Sports Association, the International Federation of the Blind and the World Council for the Welfare of the Blind. The first three have specific objectives, namely, the prevention of blindness, education of the blind and sports for the blind. They achieve their goals on the basis of professional activities. The aims of the other two organizations to a large extent, however, are less specific but are directed toward general improvement of the situation of blind persons in the world.

There are, nevertheless, some differences between the latter two. WCWB has endeavored to bring together professional expertise and the practical experience of its members and the participation of organizations for the blind and experts in the field of blindness. IFB actions are totally focused on "the movement of the blind and their participation in all programmes and activities in the field."

We have seen and lived years of cooperative work on common problems among all these organizations with a minimum of conflict. During the 1974 WCWB General Assembly, held in Sao Paulo, Brazil, the first steps to coordinate the efforts of WCWB/IFB were formally approved. A few cooperative projects have been developed since then. The first cooperative work dates back to 1975, when an International Conference on the Situation of Blind Women was organized in Belgrade, Yugoslavia. The first Seminar on Training of Blind Women was organized as a joint project in Kuala Lumpur, Malaysia; the second will be organized in Addis Ababa and the third one in Latin America, as previously mentioned.

Joint Honorary Officers and Executive Committee meetings were held prior to 1979. It was during the 1979 WCWB General Assembly that a Resolution on the Joint WCWB/IFB Working Group on Future Cooperation was approved. IFB, on its part adopted the same kind of resolution, and the Working Group on Future Cooperation began its activities in December 1979.

During the Joint IFB/WCWB Executive Meeting held in Gothenburg, Sweden, in May 1981, it was unanimously decided:

"To approve the report of the Joint Working Group; to recommend all affiliated member countries to take steps with a minimum of delay for improved cooperation; and to request a progress report describing the action taken and the current level of cooperation achieved, not later than 31 March 1983."

It is rewarding to notice that the close contacts between the two organizations have stressed new ways and means for a better work on behalf of the blind all over the world.

Basic Points of WCWB Policy of Action

WCWB representatives all over the world have been invited to present statements on Council's role and activities in regional and international meetings. This cooperation of national members and honorary officers, executive committee, regional committees and standing committee members have given increased publicity to our organization's actions on behalf of the world's blind.

One of the relevant participations in international meetings during the IYDP was a statement this author presented during the General Assembly Session of the United Nations - Third Committee, in October 1980. Although presented as a member of the Brazilian Delegation, the basic beliefs of WCWB were put forward, making clear that most developing countries recognize three urgent problems related to disabled persons, including blind people. These three problems concern the prevention of disabilities, the development of training programmes for people involved in educational and rehabilitation activities; and making available materials and equipment that will facilitate social integration.

As most of you, we are concerned about the significance of the IYDP for the development of better services for the blind. The IYDP should become the beginning of a new era in the world history -- an era in which people formerly relegated to unproductivity and dependence can achieve full participation in social life.

Adequate priorities, however, can only be established if sound and continuous publicity and activities are worked on for some years ahead of us. It becomes necessary that blind persons be encouraged to participate more extensively in all relevant activities and that their rights are guaranteed on the basis of equality and responsibility. It is also fundamental that all countries study the development of a specific governmental agency with responsibility for the coordination of official policies in this field, and for setting up regulations and assistance systems to all disabled citizens. It is indispensable that national collaboration be implemented on internal basis, and international technical assistance be bolstered to develop technical personnel and improve established programs, both from international intergovernmental and non-governmental organizations, and bilateral programmes.

The preceding discussion indicates why WCWB has tried for years to emphasize the importance of its National and Associate Members, Regional and Standing Committees working as a unit -- counting on one another's support. The interrelationship of all categories of members of WCWB is indispensable for the development of most of its activities.

For all these reasons WCWB is giving special emphasis on the preparation of a practical plan of action, as it considers that the usual procedure to obtain cooperation among organizations and countries is through the establishment of well defined programs of work, in which it is possible to clearly define priorities in different levels, steps for action, quality of involvement, means and ways of getting projects in order and methods for their final evaluation and analysis.

It is the intention of WCWB that for each resolution adopted by its General Assembly, a tentative recommendation for action be prepared and thoroughly discussed, taking into account the different levels of authority and responsibility as well as the role of everyone in the World Council. These recommendations for action will establish priorities for periods of short, medium and long range duration, within a global period of 5 years.

A coordinated international Plan of Action for the blind should always try to promote joint efforts of organizations such as the IAPB, IFB, ICEVH, HKI, RCSB, Cristoffel Blindenmission and several others of national level, but maintaining international activities, together with WCWB. Such coordinated and well studied programmes will be much stronger and meaningful to improve the situation of the blind in the world, as soon as they be implemented.

The American Association of Workers for the Blind is one of the National Members of WCWB and it has an important role to play in this global picture, because of the potentialities and the quality of its members. AAWB is also in an outstanding position to cooperate with the specific objectives of WCWB, at present and in the future.

PLANNING AND THE MOBILIZATION OF RESOURCES

The conceptual bases discussed in the first group of papers are obviously of little value unless they are engineered into action. Such action depends on planning and the judicious use of resources. The three papers that follow deal with various facets of planning at both the national and international levels. The first by Attah deals with planning for services for the handicapped in concert with constitutional developments and National Development Plans in Nigeria. These developments and Plans began in the early 1950s and are continuing at the present time. The second paper by Carey describes the necessity of developing leadership if the handicapped in general, and the blind in particular, are to receive adequate services. The third paper by Stein is concerned with the unequal distribution of resources throughout the world and suggests ways that donor and recipient nations can use resources more effectively for aiding the handicapped.

PLANNING WITHIN THE CONTEXT OF DEVELOPMENT

by

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Early Development for Education of the Handicapped in Nigeria

During the pre-independent era in Nigeria, the sole responsibility for the education of handicapped children rested with voluntary agencies. The earliest attempt at providing meaningful education for these children dates back to 1948 when some voluntary, charitable and philanthropic organizations established a few centres, mainly for the blind and deaf. Later, homes for the severely physically-handicapped or the mentally-retarded children were established so as to provide shelter and care. At that time, the government was only marginally involved in the education of the handicapped children with its efforts being mainly confined to providing occasional grants-in-aid to the voluntary organizations.

With the constitutional developments of the 1950s, education received greater governmental attention with special education being included. At the regional and local levels, governmental agencies, particularly those involved with education, health and social welfare, gradually became more involved in the education of the handicapped. More funds were allocated for that purpose and the supervision of the institutions for the handicapped was regularized. In the 1960s, the National Advisory Council for the Blind actively promoted the education and welfare of the visually-handicapped children and adults. With the Council's advice, a number of vocational and farm centres were established throughout Nigeria for the sole purpose of rehabilitating the visually handicapped.

Purposeful planning for the education of the handicapped by the federal government and the state governments of Nigeria started with the Second National Development Plan 1970-74. During this period, the government was determined to equalize educational opportunities for Nigerian children. In addition to designing programmes to train and rehabilitate the handicapped, the federal government planned to build four national rehabilitation and training centres fully equipped with facilities to train beggars and destitutes to become useful citizens. Two mobile eye clinics were to be acquired to provide preventive measures aimed at reducing the incidence of blindness in the country. And, to serve about 500 visually-handicapped children

attending primary, secondary and teacher training institutions in the country, the federal government approved the establishment of a Braille press.

In 1973, a separate unit was organized within the Teacher Training Section of the Federal Ministry of Education mainly to coordinate the various activities and programmes of the institutions that were established to provide services for the handicapped. This was a major development. From then on, planning for the education of the handicapped and monitoring of the activities of the several institutions in the field greatly improved.

In 1974, for example, there were twenty institutions in Nigeria providing services for the visually, auditory and physically handicapped, excluding, of course, the "Open Education Scheme" operated by the local education authorities in the former Northern Region of Nigeria. By 1977, there were thirty institutions located in twelve of the nineteen states of the Federation enrolling a total of 2,307 children at the primary-school level. These institutions consisted of eight for the blind enrolling 359; nine for the deaf enrolling 849; and 13 for the physically handicapped enrolling 1,099. To ensure that these institutions were properly managed and maintained, the federal government between 1973 and 1975, allocated N500,000 to rehabilitate the buildings of, and to purchase much needed equipment for, the special schools and the "Open Education Scheme." The money was disbursed through the state governments, thus keeping the state government involved actively in the education of the handicapped.

In the Second National Development Plan, government had indicated its intention to set up a committee to examine the entire area of special education. The committee submitted its report in 1975 that revealed that the major difficulties were the lack of expertise on the part of educationists who were involved in initiating policies in the area of special education. It was therefore suggested that the Special Education Unit in the Federal Ministry of Education should issue guidelines to assist the States in organizing their units and make advisory visits frequently when such units were being organized. States were to be encouraged to train their headquarters staff in the areas of the visually auditory and physically handicapped, so that these staffs could in turn plan and supervise institutions for the handicapped. To assist the state governments in training their personnel, the federal government, in fiscal years 1975-76 and 1976-77, awarded a number of scholarships. In 1976-77 alone, under the Federal Special Education Scheme, a total of 73 teachers from the 19 states of the Federation were sponsored by the federal government to study in special education institutions in the United Kingdom, United States and Ghana. In addition, the Cambridge Institute of Education, under a special arrangement has mounted a special one-year course for special education practitioners from some of the states located in the former Northern Region.

Another problem highlighted in the Survey Report was the lack of teachers in the various areas of special education. The Report showed that roughly 90% of the teachers and assistants in special schools had no formal training for their jobs and what they had achieved was due to sheer dedication. This challenge was faced squarely when preparing the Third National Development Plan. Under the Plan, the Federal Ministry of Education commissioned a number of studies that culminated in the establishment of the Federal Advanced Teachers' College, Ibadan in 1977. The College was established specifically to provide the greatly needed special teachers for the first two levels of education. In addition, funds were made available to the University of Ibadan to establish a degree course and to revive its certificate

course in special education. The shorter course was designed for primary-school teachers with considerable experience. At present, the University of Jos also has a certificate course in special education. The shorter course, was like that at Ibadan, designed for primary-school teachers with considerable experience. At present, the University of Jos also has a certificate course in special education and has plans to establish a degree programme.

Planning for Special Education: Special School Versus Integrated System

In planning for special education, two basic approaches are frequently mentioned, that is the provision of special schools or the integration of special education programmes into normal-school systems. The merits and demerits of both approaches had been sufficiently documented and it is not the intention in this paper to detail the debates. Suffice to say that Nigeria accepts the principle of integrating the education of the visually, auditory and physically handicapped children into the country's educational system as early as possible. But, it must be recognized that it is impossible at this time to implement such a policy in its totality, especially at the primary level, mainly because of lack of staff and equipment. For the present, while efforts will continue at integration, it is believed that it will be more expedient to have boarding or day special schools for the three major categories of handicapped children, so as to make the maximal use of available trained teachers and resources at the primary level. However, as soon as teachers are available in sufficient numbers, and where feasible, the integrated system, first through units, to be followed by full integration, will be adopted. The "Open Education Scheme" through which itinerant teachers visit integrated schools for visually-handicapped children, offering expert help and advice, will be used to full advantage. At the post-primary level, visually-auditory-and physically-handicapped children are being integrated successfully into secondary schools, trade centres, technical colleges, teacher-training colleges and universities where they compete successfully with other children. At this level of education, it has been our experience, however, that on the whole, the visually-handicapped children do better than children with other disabilities. The number of handicapped students integrated into post-primary institutions in Nigeria was recently put at 15,622. The numbers range from 2 to 21 in some states and 847 to 13,599 in other states that have established special education programmes at the primary level.

In planning for the Universal Primary Education Scheme (UPE), it was agreed that handicapped children have as much right to education as their nonhandicapped peers. The state governments were then called upon to ascertain the number of handicapped children who should be provided services under the scheme. This was by no means an easy task since many parents, because of local taboos and superstitions, were reluctant to report that their children were handicapped. Yet, the importance of obtaining accurate and reliable statistics cannot be overemphasized. Despite the difficulty, state officials succeeded in obtaining some data with which initial planning for special education was made.

Other Types of Special Schools in Existence

Leprosarium Schools:

These schools currently exist in only three states of the Federation. The schools provide education for children who are undergoing treatment at leprosy centers so that when the children are eventually discharged, they can enter the regular schools with their age groups. Because of this important responsibility, more of these schools are needed especially in those states in which there are none at the present time.

The Cheshire Homes:

There are five Cheshire Homes in Nigeria. Their main function is to provide substitute "homes" for physically-handicapped children and adults whose parents and relations have difficulty in coping with their conditions or who have been rejected and abandoned by their families. Some homes make adequate provisions to ensure that the children attend the ordinary primary schools within easy reach of the homes. Under the UPE, there are plans to provide classrooms on the premises.

Hospital Schools:

The Royal Orthopaedic Hospital School in Lagos, which is the only one of its type in Nigeria, is organized to provide educational facilities for children who have to remain in hospital for long periods. The Teaching Hospital in Ibadan offers lessons for children admitted to the hospital for periods exceeding two weeks. This is an aspect of special education that requires urgent attention. School children admitted for longer periods, for example over six weeks, due to various health conditions, require some additional well organized teaching so as to bridge the gap between hospitalization and return to school.

Remand Homes and Approved Schools:

These are currently under the State Ministries of Health and Social Welfare. Delinquent or maladjusted children whose behaviour constitutes a threat to other children or to the society, are sent into these institutions for periods ranging from 3 months to one year. A large percentage of these children have already been to school and require educational programmes for the duration of their stay. At present, the formal education that is provided in most of these institutions is inadequate and children who had been at school have to repeat classes after their discharge. Some of these schools provide facilities for preschool handicapped children but these are few to meet the demands at this level of education.

Supportive Services:

In planning and executing Special Education programmes, the co-operation of the Ministries of Health and Social Welfare is indispensable. Children who need special attention should be examined and registered early before they start formal education. After formal education, other agencies should provide followup services, including those that involve vocational training or rehabilitation. At present, there are only two Child Guidance Clinics, located at Lagos and Ibadan University Hospitals, that offer services on the assessment of therapeutic and remedial facilities for the handicapped children.

In most cases the identification of handicaps is by rule of

thumb. The registration of handicapped children for admission into special and ordinary primary schools under the UPE Scheme seems to provide the only authentic estimate of the number of school-age handicapped children. The figures returned by 15 out of the 19 states showed a total of 10,507 handicapped children between the ages of 6 and 18. Of these, 8,439 were between 6 and 12. At least one such clinic should be set up in each state. Even if funds are available to set up these clinics immediately, the problem of securing trained personnel for them will remain.

Special Equipment and Books:

Another problem area in special education planning is the provision of equipment. Special equipment is expensive and even more expensive to maintain. In countries that have limited funds for general education, funds available to service special education are even more limited. Much of the equipment is purchased from the industrialized countries and it is the experience of developing countries that promises of after sale services are not often honored. Therefore there is expensive equipment everywhere that is in disrepair simply because of the lack of qualified technicians. It is therefore necessary that technical training in developing countries should take cognizance of the need for training technicians in this area. Also developing countries should make special effort to establish their own presses and audiovisual aids production units for textbooks and less sophisticated items in order to reduce some of the overhead costs. Through the kind cooperation of the Royal Society for the Blind, Nigeria has been able to purchase equipment and materials at very reasonable costs.

Future Trends:

As can be seen from the foregoing discussion, special education in Nigeria is still in the embryonic stage. However, a good beginning has been made in what is considered to be in the right direction. In the future, we shall be guided by the provisions on special education as enunciated in the new National Policy on Education adopted in 1977. Along with the Universal Free Primary Education Scheme (UPE) launched in September, 1976 these two schemes constitute major milestones in the education of handicapped children in Nigeria. The implication of the UPE for special education is that for the first time in the history of educational planning in Nigeria, the federal government, in cooperation with the state governments, is committed to providing educational facilities for handicapped children in all categories. Future development in the area of special education will be guided by the aims and objectives as spelled out in Section 8 of the National Policy on Education in this way:

- (a) To give concrete meaning to the idea of equalising educational opportunities for all children, their physical, mental, emotional disabilities notwithstanding;
- (b) To provide adequate education for all handicapped children and adults in order that they may fully play their roles in the development of the nation;
- (c) To provide opportunities for exceptionally gifted children to develop at their own pace in the interest of the nation's economic and technological development.

To realize these aims and objectives, the following steps, among others have been agreed upon:

- (a) Gradual expansion of the program of special education in the Federal Advanced Teachers' College established in 1977 with the anticipation of an output of 500 students by 1980.
- (b) Inclusion of some aspects of special education in the course content in all teacher-training colleges. This would make it possible for all trained teachers to possess some basic knowledge of special education in order to enable them to identify and assist the handicapped children who are enrolled in normal primary schools.
- (c) A committee to coordinate special education activities would be set up by the Federal Ministry of Education in collaboration with the Ministries of Health, Social Welfare and Labour.
- (d) Universities would receive government funds to develop Departments of Special Education and to organize inservice training courses in special education.
- (e) The implementation of an accurate census of all handicapped children and adults by age, sex, locality and type.
- (f) In consultation with appropriate bodies, Ministries of Education would provide special programmes for gifted children, but these would be within the regular educational programmes.
- (g) A National Council on Special Education would be established and its composition would reflect the collective responsibilities of the Ministry of Education, Labour, Health and Social Welfare in the provision of facilities for the care and education of handicapped children.
- (h) Children's clinics would be attached to hospitals for the early identification of handicapped children, and for curative measures and medical care before and after they reach the age for primary education.

In conclusion, the new National Policy on Education emphasizes the government's belief that education for the handicapped is not a contribution to charity, and that our national aim is to develop every Nigerian to his highest ability. When the policy is fully implemented, Nigeria will take its rightful place among the nations of the world, providing adequate and meaningful educational programmes for her handicapped population.

COOPERATION IN DEVELOPING LEADERSHIP

by

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Disregarding, for the purposes of this presentation, that most of us are selfish in our personal, communal and national lives; even ignoring the less dire assumption that we are generous either when we can afford to be or when we are so poor it does not matter; and assuming that the world community is sensitive to urgent needs although incapable of coping, and I think this is a generous assumption, then if hundreds of millions of people on the verge of starvation cannot move the world community to act, rather than restoring to mere platitudes, the estimated forty million blind persons in the world stand little chance of an improvement in their lot.

When I first went to a university in England in the early 1970s my generation was so well off it could afford to be radical and even generous. By the time I left a university in the United States in 1974, the inevitable economic downturn resulting from the intrinsic weaknesses in the economic strategy of the developed world had already begun, precipitated by the oil price rises of late 1973 and early 1974. The paradox of the current position as compared with that of the early 70s is that it is not an act of kindness to support developing countries but a growth of wisdom. Developed countries cannot sell their goods if developing countries cannot afford to buy them. If the world changed slowly some new order might be manageable if not acceptable, but the transfer of wealth, and rising, and not unreasonable, expectations have brought their own problems.

We, in the area of work for the blind, have a professional obligation to be informed about our profession, but the obsession of some of us with it, though understandable, is unreasonable and may well distort our judgment. Nobody in public life with a sense of their own social sophistication would openly attack the notion that needlessly blind persons should be provided with the medical care that would restore their sight. The same people would accept the assumption that education and social services are beneficial, but a person in public life has to enjoy phenomenal luck to go through a year without having to choose between the better of two evils.

It is often difficult enough to heighten social consciousness when it comes to the treatment of blind people. But, great though this problem is, to overcome it is to gain victory in a skirmish. The war is still to be fought.

To become involved in this war heroism is not enough. As in present military affairs, a knowledge of weapons and how to use them is vital. In my experience the heroism or, if you like, the commitment, has come mainly from blind people themselves but they are vulnerable to self-delusion, and agencies for the blind, under consumer pressure, are vulnerable to a guilt complex that often leads them to believe that they are being patronizing to their clients when they may not be. Many a fine theatre critic has been a failure as a playwright, and even most of the most discerning beer drinkers are not brewers.

There is a need to establish what blind people want but this is a totally different thing from swallowing the assumption that blind people are most competent to provide it.

There will be critics who can write plays and drinkers who brew, and perhaps these are the most valuable people in the process of change. But, we will mostly have to make do with people who are one thing or the other -- advocates but not administrators, agriculturalists but not social workers -- and dispense with sentimentality about both the qualities and limitations of blind people, either as a group or as individuals.

If this is the case, perhaps it is as well that in one sense at least farsightedness is not required. We all know, in general terms at least, what is needed, namely, more eye care, more education, more training and more employment possibilities for blind people. And, even in the rather austere world economic climate, lack of funds may not be so desperate that inspired fundraisers are the main priority. The question for the future leadership in our work would seem to be how the gap is bridged between available resources and identified needs.

This is not to say that presently funds are readily available. But, I believe that sound economic arguments are going to produce such funds more readily than the most inspired and enlightened humane theory. It is clear that the prevention and cure of blindness have a high cost/benefit ratio. It is clear, too, that governments much prefer to receive taxes than pay welfare. And, though it is impossible to measure this accurately, most people would accept that education and training have a cost/benefit in positive terms both for the individual and the community. The new leadership, at the very least, will have to be amateur economists, and some of them not so amateur at that. Harrassed governments, beset by budgetary limitations, may not be able to be kind despite how much they would like to be. But, these same governments can not afford to miss the opportunity of increasing production and, at the same time, reducing the number of people who are an economic burden.

A field officer working in a climate such as this will do more harm than good if he/she knows only how to teach braille or craft or build a school or an agricultural training centre. In order to be effective, he/she must have additional qualities in the area of politics and economics and/or tangible support in this area from his/her head office. When I began work in the Caribbean I came from a background of university political life and from the world of professional journalism. Even so I thrashed and struggled in the tangled web of more than a dozen different governments and more than a dozen different agencies for the blind, not to mention a handful of strident pressure groups of blind people themselves. Apart from developing understanding and then trying to resolve problems, some inevitable, other issues arose for the most short-sighted and selfish of reasons. I had to overcome my own prejudices and those of the people with whom I worked. There were different political, social and cultural values to come to terms with; and not least, there was the problem of reporting all this back to my headquarters.

The development of new leadership to deal with such a situation can not be a one-sided affair. The days of technical assistance are over, and rightly so. Consequently, we must begin to take the notion of technical cooperation seriously. Without losing their compassionate motivation, agencies for the blind must operate on strict business principles. Only then can they demand the same standards of those communities they wish to help. At the same time, agencies cannot expect

to emphasize this so greatly that they impose policy on the grounds that they know best. Recipients have the right to make mistakes and in the final analysis this may be the quickest learning process.

In spite of all the tensions and complications inherent in our work, this is no time for a retreat into mere philosophising although we should be aware of the problems we face. We know what is needed and in many cases we know, in principle, how to provide it and how to obtain the funds to provide it. The new leaders in our work must act as interpreters and to do this they will have to stray far from the languages of eye care and social welfare. They will need to know not only the language of economics and politics, not only the language of medicine and welfare, but also the subtler language of culture and history and the crude language of poverty and desperation. All these cannot be learned in one place, nor quickly. Advocates of improvement in the lot of blind persons are too weak to be overfastidious in judging the shortcomings of others. But, the status of all of us as a group is too weak to permit amateurs, no matter how well-intentioned, to perform tasks that demand a high degree of professionalism.

The fact that a great deal of legislation in countries throughout the world proclaims the rights of all without excluding blind persons means that we have come part of the way. But, that very fact implies that, from now on we can expect no special favours, nor should we.

MOBILISATION OF AID RESOURCES
INCLUDING BILATERAL AND MULTILATERAL AID

by

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Introduction

The subject of this presentation, "Mobilisation of Aid Resources" is based on the fact that we are living in a world in which the goods are not equally distributed. As a consequence, part of the world's population lives in affluence, whereas the other part suffers from poverty. An invisible line around the globe thus separates the rich from the poor. It is this boundary that we endeavour to penetrate in order to achieve a certain balance between the two groups. Such attempts are, in fact, being made at various levels, with different methods and motivations. Without further examination of these so-called "Aid to Developing Countries Programmes", it seems that these actions are ruled and governed by one common denominator. Namely, on one side those who give and on the other those who receive. Such a relationship between groups imposes unequal roles on them, and the psychological consequences have been examined on many occasions and by various experts. They have all come to the same conclusion, namely, the unhealthy character of this relationship is that one group assumes a "dictating" role and the other a "submissive". The patronizing attitude of the giving group that determines the time, frequency, extent and nature of aid, fosters the stigma of charity. And, it is this very stigmatization of the relationship that does not allow a real partnership to grow between the two groups. At the end of my deliberations I shall come back to this fact.

Let us first of all examine the existing channels of International Aid Programmes. Roughly speaking, these programmes are implemented at three levels:

1. Government-to-Government Aid Programmes
2. Organisation-to-Organisation Aid Programmes
3. Individual-to-Individual Assistance

I shall begin with the last group because in my opinion this is the most human, the warmest and most honest form of helping one another. Perhaps it is not always the best and most effective way, but it bears certain elements that the other two levels do not possess. It involves affection, very often love, respect of the other, and often sacrifices. I know a widow who from her small pension has financed the entire medical studies of a doctor in India. And, in a recent effort of the Resources Committee of the International Council for Education of the Visually Handicapped, many individual blind children have pooled their savings in order to provide a Braille Educational Kit to another needy blind child in Africa or Asia. In this context, I remember the many thousands of individual sponsorships through which, on a private basis, needy children and young adults are provided with education and vocational training. Very often, a most intimate relationship between sponsor and his protégé develops, from which both donor and recipient benefit through a lifelong friendship.

One of the finest examples I have seen has little to do with money. It is the example of a young man who spent many months with

individual blind farmers in Asia, shared their frugal village life, and during his stay, helped every one of them to dig a well. Among these people from different continents, race, colour, culture, language and religion, a very close affection, friendship and respect developed. Even more, the "donor" was at the same time "recipient", as he became an integral part of a people from whose traditions, customs and habits and from whose fight for survival he was able to learn. The experience broadened his own horizon, and the friendship with his far away neighbours enriched his own life. We should encourage and further such private initiative, even though our organisational structures do not include efforts of this nature.

Governmental Aid

Governmental aid plays, or at least many people believe, the greatest and most significant role in aid programmes. But, my investigations have raised doubts in such belief! For example, in 1979, a certain European country budgetted 0.7% of its annual budget for aid to developing countries. However, a closer examination reveals that 80% of this amount constituted repayable loans! What remains as a genuine donation is 450 million US dollars. Further investigation revealed that, in the same country, only 9 of the largest private organisations raised 180 million US dollars for the same purpose, an amount more than one third that of governmental aid. Adding the funds of more than 40 other smaller organisations, and taking into consideration all channels of individual assistance, private aid equals, if not exceeds, governmental aid. I do not wish to enter into the controversy as to whether governmental or private development aid is more effective. However, quite a number of factors speak for the greater effectiveness of private aid. It is in most cases linked with the assignment of experts, it involves close partnership between donor and recipient organisations, the utilisation of funds is made transparent, and frequently such aid is extended on a continued basis. In other words, I propagate and recommend aid measures of private organisations. Many representatives of such organisations are present at this conference, and I do not think that they have made fullest use of all possibilities of this type of aid, although many remarkable achievements have been made. There is a tremendous reservoir of readiness to help, resources and manpower. It will be our task to find the right ways to tap them. This brings me to the practical part of my deliberations, based on the experience of a private organisation that has in the past years been able to make available constantly rising funds to developing countries. Perhaps some of the basic principles and techniques of the mobilisation of aid may be of help and assistance to others.

Phase I: Identification of Needs

Quite frequently, identification of needs is the most difficult task, and here the overseas partner plays a vital role. Only he knows exactly what the problems and the priorities of his country are, and his proposals of how to tackle a certain problem must not be disregarded! It is not the donor organisation that decides on aid programmes, but the determination and will of the overseas partner that serves as solid foundation for short or long term measures. The donor organisation often has to choose between several applications for help, and identify the priorities. It must examine the possible participation of another donor group and decide on the extent and duration of its assistance. Any possible overlapping or duplication of efforts must

be carefully investigated. Open and frank dialogue between partners is therefore required. Once a positive decision has been taken, loyalty and dedication are expected from both partners in order to secure the completion of the project. Much damage has been done by aid programmes that were started and not completed. This was often caused by the absence of a precise agreement between partners. This leads us to

Phase II: Communications of Partner Organisations

The partnership should be clearly defined as to its nature, extent and duration and, if possible, put down in writing. Such agreement guarantees certain rights and duties for both groups. The following elements should be included in the agreement:

For the DONOR ORGANISATION:

- a) The provision of certain funds at certain dates.
- b) The provision of material and equipment at certain dates.
- c) The provision of the services of experts for certain periods.
- d) The right to visit the project in order to be fully informed about its progress.
- e) The right to report on a project via mass media (press, radio, television).
- f) The right to evaluate results for research purposes.
- g) The right to assign workers to the project for study and training purposes.

For the RECIPIENT ORGANISATION:

- a) The commitment to develop the project in accordance with the agreement between the partners.
- b) Making available the organisation's own resources and contributions as agreed upon.
- c) Reporting to the partner on a regular basis on the development of the project.
- d) The provision of audited accounts to the partner that make the utilisation of funds transparent.
- e) The determination of the date of assuming total financial responsibility of the project.

Phase III: Presentation of Needs

Once an organisation has decided to collect funds for needy people in another part of the world, it is well advised not to do this anonymously. Slogans such as "Help the Blind" or "Give to the Poor" cannot motivate a donor. The identification of needs must precede all fund raising activities, and experience has shown that the most successful publicity is the presentation of an identified and clearly defined need. But, how is this done?

The presentation of needs is not only a question of clever PR techniques because there is an important moral issue at stake. It is no doubt a great art to report on poverty, suffering, and distress without violating human dignity! In this context, I could quote sad examples of horror pictures and shock stories that reveal a complete disrespect of human dignity. Besides, such illustrations of human misery often have the adverse effect. Instead of encouraging a

potential donor, they repel him/her! The same applies to exaggerated reports and the quotation of excessive figures.

The consideration of the following principles of fund raising activities have led, according to my experience, to the best results:

- a) Honest and plain presentation of nature and extent of the problem, its causes and consequences.
- b) Presentation of important details that lead to a better understanding of the problem as a whole. The simple man in the street should also be approached and his sympathy aroused.
- c) Endorsement of the presentation by another "witness".
- d) Presentation of the partner organisation and its responsibility. The latter may best be illustrated by quoting other tasks already successfully accomplished.
- e) Presentation of a clear plan of action. This should include the funds required and the possible involvement of experts.
- f) The appeal should bear not only the name of an organisation but also of a person responsible for the proper administration and utilisation of funds.
- g) The donor must be guaranteed that he will be informed about the progress of the project at regular intervals, particularly how his donation has contributed to the success.

This promise must be kept!

- h) Last not least, the receipt of every single donation, even the smallest, must be acknowledged immediately.

Keeping these principles in mind, one is likely to find not only a donor but a friend. Through regular donations it will be possible to secure the continued assistance for a project or to accept new commitments. In our country, there is a potential reservoir of helpful, noble and generous people, and some of them merely distrust the "channels" of aid. They have been scared off and disappointed by reports on the misuse or embezzlement of donations. It will be our task to gain and maintain their confidence. Perhaps they are more likely to trust our organisations than the anonymous governmental aid. We must endeavour to honour their confidence.

This brings me back to my opening remarks, to the problem of the rich and the poor, the problem of giving and receiving. Nobody can tell how long the present situation in our world will last. In recent years we have observed tremendous changes in world economy, the significance of which we cannot judge today. It is quite possible that today's donors will be tomorrow's recipients, and vice versa. Many of my generation have lived to see such a phenomenon. For this reason I would like to plead for the abolition of the present principle of "donors" and "recipients", giving and receiving, and to replace it by the belief in "sharing". It is not welfare that our world needs, but solidarity of mankind. If we do not do this out of conviction today, perhaps the circumstances will force us tomorrow. Every year presents us with more challenges and growing problems around the world. Politicians cannot be left to cope with them. All of us who participate in these activities, all of us who carry responsibility, particularly for the handicapped, should become actively engaged in this task. It is not new techniques that we need but a new philosophy, a new belief. This belief should also determine our actions.

USING THE MEDIA TO INCREASE PARTICIPATION

Participation in planning and implementing services for the blind and visually impaired, no matter how meritorious the principle, does not just happen. Dedicated persons must seek out those who are willing to participate but do not know how to make the interface. All sources of public relations must be exploited to disseminate the information about the need for participation, and particularly, how to become involved. Obviously, this applies to the use of all media. The four articles in this group are targetted at this issue. The first by Wilson deals more or less generally with problems of developing positive public attitudes toward the rights of the blind and visually impaired. The second and third articles by Siskind and Iwahashi deal with the use of radio and television programs to increase participation. The last article by Zurita discusses the practical objectives of a public-relations program designed to counter myths about blindness.

HONOR OR HUMILIATION

by

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Introduction

I appreciate deeply the warm welcome received and the honour of addressing my American colleagues at this Biennial Conference of the American Association of Workers for the Blind in Toronto, Ontario, Canada. As I commence I have two fears. The first is that you may not understand my Australian English. I understand you but the converse is not always true. This humbling lesson I learned with shock and sorrow at the Helen Keller Congress. It shattered my confidence for, after all, the Congress was being held in Boston, where, I was assured, real English is spoken. The second fear is that I might touch a sensitive spot. Back home a couple of months ago one of our national newspapers had a double-page spread on how to establish and maintain good relationships in America. The article pointed out that even though generosity and goodwill abounded there were some sensitive spots. If I touch one I assure you it is unintentional.

Because of our similarities and to strengthen our common bonds, I have sought to make my presentation general in nature and applicable to older blind people and practitioners in the field in all our countries. Since this is the first time an Australian has been privileged to address your biennial conference, and because our interaction helps in its own small way to promote solidarity between our countries, I hope I can establish an understanding. In view of the fact that the subject is "older people" my approach is simple, even old fashioned, in preference to the more sophisticated jargonese academic presentation.

Honour or Humiliation

Just as in the theatre the background scenery gives meaning to the presentation of a play, so a quick sweeping sketch of our present era provides the setting for the challenge facing our older blind friends in the 80's. Summarized in the IYDP slogan, that challenge is to participate more fully in the larger community.

Ageing revolution

During this decade older blind people will either be honoured by greater recognition of their pioneering achievements, their contribution to our democratic heritage and their triumph over adversity or be humiliated by relegation to the background as a liability to society.

The major nations of the North American/Oceania Region - Canada, United States, New Zealand and Australia - have much in common. We have a common language, common culture, common faith and common aspirations. Many of us have a common ancestry. We also have common problems. A dramatic revolution is taking place in the composition of our populations. Western society has a problem of old age on a scale unknown in developing countries. This is one of our common problems. The United States is no longer a nation of young people. It is rapidly becoming a nation of old people. Since 1900 the number of people over 60 years has increased four times as fast as those under 60 years. There are now 34 million older Americans. Every day 5,000 people reach the age of 65 years. This startling information is taken from material for the President's White House Conference on the Ageing 1981. In Australia, from 1947-70, the elderly population was between 9% and 10% of the whole. In 1980 it was 11%. By the year 2000 it will be 14%. The survival rate to 65 years is now 70% of men and 83% of women. In the next 20 years the number of people over 75 years will increase by 80%. So much for statistics.

The background scene is that most people in our affluent industrialized countries expect to grow old. Paradoxically this is happening at a time when International Year of the Disabled Person (IYDP) material indicates 10% of the population as being disabled in one way or another and when our lifestyle, including the lack of exercise and affection for junk foods, is widely condemned as a major life reducing health hazard.

Ageing defined

Ageing has been described as a progressive movement by an individual over time through successive stages of his or her life cycle. These stages are characterized initially by the process of physical and mental development that leads to maturity. Subsequently they are associated with physical and mental decline. Each stage generates different personal and social needs for the individual and requires diverse kinds of reciprocal contributions. The last stages of the life cycle are characterized by increasing deterioration of the capacities of the individual. At this point social welfare programmes are concerned with the amelioration of the adverse effect of this deterioration while enabling the individual to contribute something to the community. Only in the final stage before death does the community have to support the individual without expecting a reciprocal contribution on his or her part.

Let us never forget the people of today who have reached the biblical three score years and ten have travelled in their lifetime

from the horse and buggy age to the space age. No other group in the history of mankind has encountered such explosive change. The people have also been through two terrifying world wars and a great depression. Their characters have been forged in times of hardship and tough living. Consequently, they have a grass roots wisdom and experience that currently cannot be replicated. They have a stability, integrity and independence that are strange to the younger generation. This older group after being overwhelmed by the strident voice of youth, is now making itself heard with some effect and success. This is evidenced in the noncompulsory retirement legislation in the States, in the Grey Power movement and in the increasing emphasis on preretirement planning.

Many years ago Prime Minister Disraeli of England said, "Change is inevitable in a progressive country and change is constant." Fundamentally, our older people are accepting and meeting the challenges of change. They may move more slowly, see less clearly, hear less keenly, think less rapidly, but they are still positive thinkers. They do not see themselves as too old to work, too weak to play, too insensitive to feel, too senile to learn. Up to this point I have placed emphasis on older people in general because age is the primary condition, the common denominator. Scattered throughout this great fellowship are many, many serious illness and disability groups. Ours happens to be blind. Those of us providing service must keep one foot in the elderly group as a whole, and the other among the blind as a specific. The elderly blind have more in common with other older people - their peer group - than they do with younger blind people. As older people see the situation, society now speaks and acts and moves as if everything depended on time and money and possessions and the real values of life such as family life, moral standards, the spiritual dimension are being thrown out as rubbish. Normalization, equality, participation have a different meaning for the elderly blind than they do for the young physically disabled.

Attitudes

"The character of an era is reflected in the community attitude to its defenceless disabled and older people." Our blind welfare officer was down on his knees on a suburban sidewalk. He was feeling about with his hands. Jostling people walked around and passed him, their feelings evident by the expressions on their faces. Finally one lady overcome by curiosity stopped. "What on earth are you doing?" she asked. The welfare officer responded, "I was walking along when the branch of an overhanging tree poked into the corner of my eye and somehow flicked it out. I am searching for it." He looked up at her. She observed the empty socket. "Oh my God!" she cried, and he heard her feet pattering away as fast as her legs would carry her. He continued his lonely search for his artificial eye.

From this incident I wish to register one word with you - "attitudes." Attitudes are an important part of the background scenery. They are a major influence on our work. These attitudes include those of the public, those of government those of the blind, and those of the workers in the field. Our inbuilt attitudes are often our own worst enemies. Automatic, thoughtless reactions that perpetuate myths and entrenched beliefs and cause untold misery, alienation, hurt and humiliation.

Attitudes of the Community

We have community attitudes of unconcern, noninvolvement ignorance and impatience. Surfacing again in people's minds are the words

"worthy" or "unworthy", "disabled" or "old". There is the disablement that is socially acceptable and there is that which is unattractive. Most damaging is the new popular word "disposable". More and more every day items of common use are throwaways or disposables. In the business world people from middle age are often considered disposable and find employment difficult to secure. A section of the community ascribes to the view, without any qualification, that life prior to birth is disposable. Any society so lacking in basic human feelings or whose conscience is so numbed it can dispose, without compunction, of millions of unborn children will not stop there. A look will be taken at the other end of life. At present unwarranted medical intervention prevents many older people from dying with dignity. However, the lobby for euthanasia is on the increase. We have birth control. Will we have death control? Will we stop there or will society move to the final step of death dispensers? The philosophy that a strong progressive nation must not be handicapped by its weaker members is not new. Those who have been in war or prison or politics or big business know how thin the veneer of civilized culture is between acceptable social behaviour and ruthless brutal savagery. By contrast I do hope we fully appreciate the wonderful attitude of friendly caring and sharing on which we all rely so much. Our volunteers, contributors and friends are so important not only in the direct support given but in influencing community attitudes. I pay tribute to the host of wonderful people who have seen a need in the community and without thought of recompense have reached out a helping hand in one of a multitude of ways. These honorary workers add a dimension professionals cannot provide.

Attitudes of Government

Helen Keller wrote that every human being had rights, which, if respected, rendered happiness possible. I have observed in world affairs of the blind considerable importance is placed on the various declarations on rights issued by the U.N. and its agencies. Deeply embedded in our minds is the expectation that our governments will use part of the funds we contribute through taxation to provide health, education and welfare services. I would go so far as to say we view this as an undeniable right.

As we face the challenge of the 80's there is irrefutable evidence of a change in government attitudes. The reality is that our governments are curtailing expenditures on these services. This is happening during a decade when we ought to be expanding rapidly to meet the tidal wave of demand for services to the elderly, a tidal wave that is about to overwhelm us.

In the New York Times editorial of March 28, 1981 under the heading of "Charities," Budget Director Stockman is reported as saying "I don't think people are entitled to any services." Martin Anderson the President's Chief Domestic Advisor says "People are benevolent, that's good. But it is quite a different thing for people to demand that they have a right to a certain amount of income or services." The Editorial concludes "But to say no entitlements, or let the State do it, or let the private sector do it, is a barely varnished way of saying don't do it. And that is not a war against inflation it is war against the poor."

We know the burden of government is very heavy. One has a degree of understanding for the attitude of fearful insecure representatives in Congress in pushing aside the needs of their own older and disabled constituents as they struggle to avert the possibility of a nuclear holocaust that could wipe out hundreds of millions of people. Nevertheless, the fact remains. Democracy is upheld and glorified in

helping the weaker needy members of our community. That's what it's all about. Governments too are partners in our work and it is discouraging when they let one down. I will say no more along this line. As Richard Hooker said in the 16th Century, "He that goeth forth to persuade a multitude that they are not so well governed as they ought to be, will never want of attentive and favourable hearers."

Attitudes of Blind People

The attitudes of blind people are so well tabulated they require no comment. We have all encountered them first hand. The fact that saddens me is that there are those blind people who achieve their goal of independence in a physical sense and yet fail. They commonly fail because of erroneous attitudes on the part of the sighted, attitudes that have done irreparable damage to their egos. They fail because, along the road, they have adopted behaviour patterns the sighted expect them to have. They fail because of antisocial or offense-giving traits in their own personalities. These may have become more obvious or been exaggerated by blindness. They may not have been dealt with adequately in counselling or the blind may just not be willing to modify them. These all alienate the person who is blind. They are attitudes that hinder participation in the larger community.

Attitudes of Professionals

I am saddened by the attitudes of those workers to whom service is just another chore. I am also saddened by those who keep moving from job to job and never achieve satisfaction. They never put down roots and consequently never really contribute. I have a tremendous respect for those practitioners who, by virtue of their integrity, intelligence and triumph over individual personal griefs and suffering, have outgrown professional and educational philosophies; who see through and soar beyond statistical studies and computerized printouts and in serving find no need to hide behind a cynical shell. I am glad when there is a disciplined, friendly supportive outpouring of talents and skill adding stature to and enriching the lives of blind people and motivating them to reach out and turn aspirations into reality.

I know that as a worker in the field, one needs tenacity of purpose and dogged perseverance. I know that workers will get hurt and get hurt often. I know that frequently the people who are helped most when they recover, use the caring you showed as a weapon to wound you. Giving oneself without expectation of return is part of one's contribution to the caring and sharing. And, isn't it a fact that the positive responses and the victories outweigh the bad experiences and defeats? The words engraved on a panel in the Library of Congress made an indelible impression on me. "As one lamp lights another nor grows less, so nobleness extendeth nobleness."

Attitudes of Service Organizations

In our Region there are two distinct and differing principles of service organization for blind people. Canada and New Zealand have centralized national bodies operating through branches. The United States and Australia have many autonomous bodies, some wealthy and some poor, each going its own way. Each system has its good points and each its weaknesses. Users criticize both. Within whichever system we work three questions require answering. Who are the elderly blind? Where are they? What do they want?

Who are the elderly blind?

"How blind is blind?" is a pertinent question. The two measurements most commonly used to define blindness are of course the 20/200 or less vision and the less than 200/400. Our region uses the 20/200 definition. However, with the increasing emphasis now being given to functional vision and with the advent of low vision services, the statement that "more people are blinded by definition than any other cause" does merit thought and examination.

There is no doubt a person with severe low vision from 20/200 down to 20/400, if called visually impaired, will evoke a different response from the public than if called blind. The terminology also affects the person's own self image and performance. Within the blindness field more attention should be paid to the classification of visual performance approved by the International Federation of National Ophthalmological Societies and appearing in the 9th Revision of the International Classification of Diseases.

In Australia many persons with sight less than 20/400 are becoming irate at the level of performance expected by the public. They claim with validity that, to the public, blindness means what it says. Performance wise they are being judged with the 20/200 to their disadvantage. Some believe they are regarded as of lesser intellect or capacity. This is both untrue and upsetting. There is no doubt those with vision not greater than 20/200 need service. There is no doubt that considerable funding is needed for that service and there is no doubt that the funding is more readily obtained under the emotive heading of "blind". On the other hand, since my own organization's involvement in low vision service, a very substantial number of people, who ten years ago would have been accepted into the blindness system for continuing service, are now turned back as continuing integrated members of the sighted community. I have a sense of unease and concern that many, many people are being unnecessarily blinded by definition.

Elderly blind people may be grouped in three broad categories. These categories include those who have been blind from birth or who lost sight in their early years; those who lived part of their lives as sighted persons, before losing vision for one of many reasons; and the major group that lost sight after 60 years. Each group has a different perspective on life and, in some respects, different service requirements. The elderly blind range in age from 60 years to over 100 years. There is evidence that at least 80% retain some residual vision ranging from light perception to usable sight. The greatest number will be found in the 75-85 year age bracket. The majority will be women. Within this forty year age span the stages of aging, the requirements for service and the reciprocal contributions are as varied as those during the first forty years of life. This fact needs repeating again and again.

Where are the older blind?

The answer to the question above is simple, "All around us." The situation is often unrecognized. Our experience in Australia is that older blind people are usually not aware of what can be done for their vision, the services available for blind people, and the benefits to which they are entitled. The general emphasis in Australia is now on domiciliary services for all older people. These services are hopelessly inadequate. Unless there is an input from an agency the blind are further disadvantaged. In our state we believe the agencies have a responsibility to develop a reach out strategy that enables them to contact the older blind both in urban and rural areas. This

has been done. A programme of cooperation with other agencies to this end is a real test of personal and organizational self-interest versus the true interests of blind people.

What do they want?

At this point we are facing a key issue. Occasionally the older blind want the impossible, namely, restoration of vision. This is so understandable. Sometimes they want very little. Most, however, are between the two extremes. To use an Australian expression, what they want is a "fair go." When I look at the self interest and tunnel vision displayed by a whole range of professionals and authorities, I often wonder if they do receive a "fair go". In a democracy, in theory, all citizens enjoy an equal right to self-determination, in other words a "fair go." This self-determination contains a freedom to choose and enjoy. But the reality is different. Our elderly blind people face many barriers outside their control that inhibit realization of wants and limit participation in the larger community. These inhibitions involve social class, education, financial circumstances, health and place of residence.

A fact that impresses an observer is the wide range of wants that need to be satisfied. Abraham Maslow lists five levels of needs and human motivation. In pyramid form from the base upward these are survival needs, safety and security needs, social relationship needs, self esteem and achievement needs, self actualization needs. An article in the May 1981 issue of the Australian Journal of Optometry, by Caroline Maclean, a psychologist who recently lost her vision, tells of her experiences in relation to these needs. The article is worthy of study.

Service Programme Principles

In Australia in the early 1970's much time and attention were given to examining and debating the kind of community health and welfare programme that was needed. Our Hospitals and Health Service Commission presented a set of principles that, rather surprisingly, were acceptable to and endorsed by both government and the field.

The principles for the programme were as follows:

1. It should be national in application and be coordinated at local, regional and state levels.
2. It should be of high quality incorporating the most up-to-date knowledge and techniques available.
3. It should be provided by an appropriate range of professional and allied staff.
4. It should be readily accessible and equally available to all.
5. It should be reasonably comprehensive with back up and supportive services.
6. It should give emphasis to prevention and primary care.
7. It should be continuously available.

8. It should be efficiently managed.
9. It should be developed in consultation with the community to be served.
10. It should be subject to a continuing programme of evaluation.

These national guidelines have been of inestimable value. They provide a common basis for both dialogue and effort. They can be applied to most service areas. Our national government is stressing another principle that has always been self-evident but, as now applied, has caused conflict with every state government and the entire hospital health field. This principle is service to be provided at a cost the individual and community can afford. In practice we have moved backwards from "the best possible care" to "adequate care".

Service

When I began planning this paper, my intention was to cover specific services required by older visually-impaired people and give examples of their achievements. My mind thought otherwise and consistently directed me along the path we have travelled, namely the wider ramifications and issues affecting participation in the larger community. I still wish to make some general unrelated comment on the service area, and begin by commending the Recommendations from the 1981 White House Conference on Vision and Ageing. That material is of direct relevance to my subject and should be read in conjunction with this paper. Agencies themselves have not received much in the way of specific mention in this presentation. They have perhaps, escaped lightly. They have a very real and great responsibility to our older blind friends. Their actual contribution and potential for contribution are areas for critical examination as a separate subject. At 60 years of age older people have a well ingrained lifestyle. Yet from then on they have to cope with major change. This is not easy. Neither does the community recognize that until nursing home care is required they can make a contribution. At the same time what older people and what we regard as equality and participation in the larger community, may be poles apart.

We must learn to listen. We must have patience. We must be sensitive and listen with patience to what they themselves are saying about their own needs, even if at times we do not really like what we are hearing. We must remain flexible and not presume to promote any one course as the only option acceptable. Neither should we seek to impose arrangements that make us feel comfortable, or reinforce the importance or standing of our organization, or whose principle value is to attract financial support. We must not offer a solution merely as an easy way out.

I have noticed creeping into conversations in a number of countries, discussion on the merits of mechanical versus natural services for older blind people. By that is meant tightly structured nonoptional highly organized courses versus an informal approach based on the person's desires and motivation. At home the message has come through clearly. Few people in the older age group who lose sight wish to leave their homes or be separated from their spouses to undertake residential rehabilitation courses. This, of course, conflicts with the views of some professionals as to what is best for them. While recognizing that what is termed "normalization" is currently the

predominant wish among disabled people, we must not fail to also recognize the legitimate choices of those elderly blind individuals who do not wish to follow the more widely favoured course in determining their own lifestyle. There is room for differences in approach and we should not see the present emphasis on full participation as detracting from the value of the work done in the past and at present by people and organizations providing more traditional care. Accommodation of the elderly blind in a separate hostel or nursing home does not in itself imply segregation or isolation from the larger community. Often the reverse is true.

We must beware of catch cries and slogans. The needs of the young physically disabled are not the same as those of the elderly sensory disabled. Neither can the younger practitioner in the field, however well qualified academically, fully understand and empathize with the feelings of an older person, let alone an older blind person. There is a danger these very able articulate young people may convey a wrong impression and colour opinion. There is a help that hinders and a help that heals. A skill we must develop is the ability to give the right kind of assistance at the right time in the right way by the right people. This is welcomed. Given at the wrong time or in the wrong way, it becomes a frustration and a barrier to the sense of independence and achievement. An older blind person will not create or retain an identity if everything is done for him or her. We must encourage the expression of personal identity and individual capacity.

Self help between and among the blind should be promoted. A great asset to any agency is a group of well-adjusted integrated blind persons either as staff members or voluntary workers. The presence of both are preferred. Such persons are of inestimable value in teaching and influencing attitudes. Blind persons should be well represented on committees.

Conclusion

The challenge to our older people is to participate more fully in the larger community. Our earlier definition says that, except for the last stage of life, the community expects a contribution from them. We know the older blind wish to maintain their dignity, to achieve and to have the friendship such contributions would bring.

"Break down the Barriers" says the IYDP slogan. Wait a moment! Who put the barriers there in the first place? Who fenced them out? We, the larger community. Then the challenge is to us, and as we set about breaking down the barriers, as we help them to achieve greater dignity, independence and self-esteem, as our friendship adds to the quality of their life, we may just happen to find that in their reciprocal contribution - their humour, their enjoyment of life, their experience and wisdom, their values and morality, we receive far more than we give.

We hear and read much about the Bermuda Triangle: We hear and read much about the drug growing triangle in South East Asia. Well, we in our state of Victoria, have our golden triangle. An area from which fortunes were taken last century but which for the past 70 to 80 years has lain dormant. Part of it is now farm land, part tree and scrub covered, part waste. Suddenly, in the past year, it has started yielding golden nuggets in unbelievable quantities. The secret, a new method of mining, metal detectors has been responsible. The stories of success are legion. A man going on holidays with his

wife and children in an old car. Stopping in the golden triangle to let an overheating engine cool down, he decided to study the operation of his new metal detector while he waited. There on the shoulder of the road he located a nugget that bought him a new car. Three school boys in an outdoor classroom study found a \$40,000 nugget. The most famous of all, the Hand of Faith Nugget, was found outside an old schoolhouse and sold to the Golden Nugget Casino in Las Vegas earlier this year for one million dollars.

What do we see when we look at our older blind people? Maybe some are wrinkled, cantankerous, arthritic, fearful, weak. But what lies beneath the surface? Using the best of the new knowledge and techniques available our task is to clear away the waste and remove the overburden. Our task is to chip off the useless conglomerate and expose the gold. Pure yellow gold; there all the time, quite unsuspected, just beneath the surface. When we do this our older blind friends will be received by society and not be seen as disposable. They will be honoured not humiliated.

Quite a task we have in the 80's. Isn't it?

THE EFFECTIVENESS OF RADIO IN TEACHING THE VISUALLY HANDICAPPED

by

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Introduction

In a recent study (Siskind, 1980), radio was shown to be an effective educational/instructional medium for the visually handicapped in at least one restricted area of instruction - basic housekeeping skills. The success of radio instruction in this area, however, serves to highlight the potential of radio as an instructional medium for the legally blind. Radio can reach more people, including the homebound, the infirm, and the families of the blind, than can residential programs and at a lower cost. Radio is also advantageous in that, though this medium, useful and supplemental instruction can be provided without the stigmatization or other drawbacks of isolated instruction.

Radio for the blind and/or print handicapped is not a new concept. Through radio information services, the blind in many parts of the country have, for a number of years, been receiving informational services. These services, however, have consisted mainly of what Jamison and McAnany (1978), among others, call information, including local, state and national news and service announcements. Radio instruction or education for the blind is, on the other hand, somewhat novel. Instruction refers to the more formalized and organized teaching process.

The purpose of this paper is to illustrate how radio can be used effectively in educating the visually handicapped. Pertinent research findings will be integrated into a generalized instructional evaluation model in order to illustrate how radio instruction can be designed, evaluated, redesigned and made workable. This discussion assumes that in general, (a) what makes for good instruction also makes for good radio instruction, and (b) what makes for successful radio instruction makes for successful radio instruction for the blind.

The Generalized Instructional Evaluation Model

The generalized instructional evaluation model consists of four phases, needs assessment, program development, process evaluation, and product evaluation. Application of this model to instructional planning and programming of radio for the blind is illustrated in Figure 1 on page 52.

Needs assessment

Needs assessment refers to information about the types of needs that are to be served by programming. Needs assessment has three major components, (a) types of programs needed, (b) interests of the audience, and (c) audience characteristics.

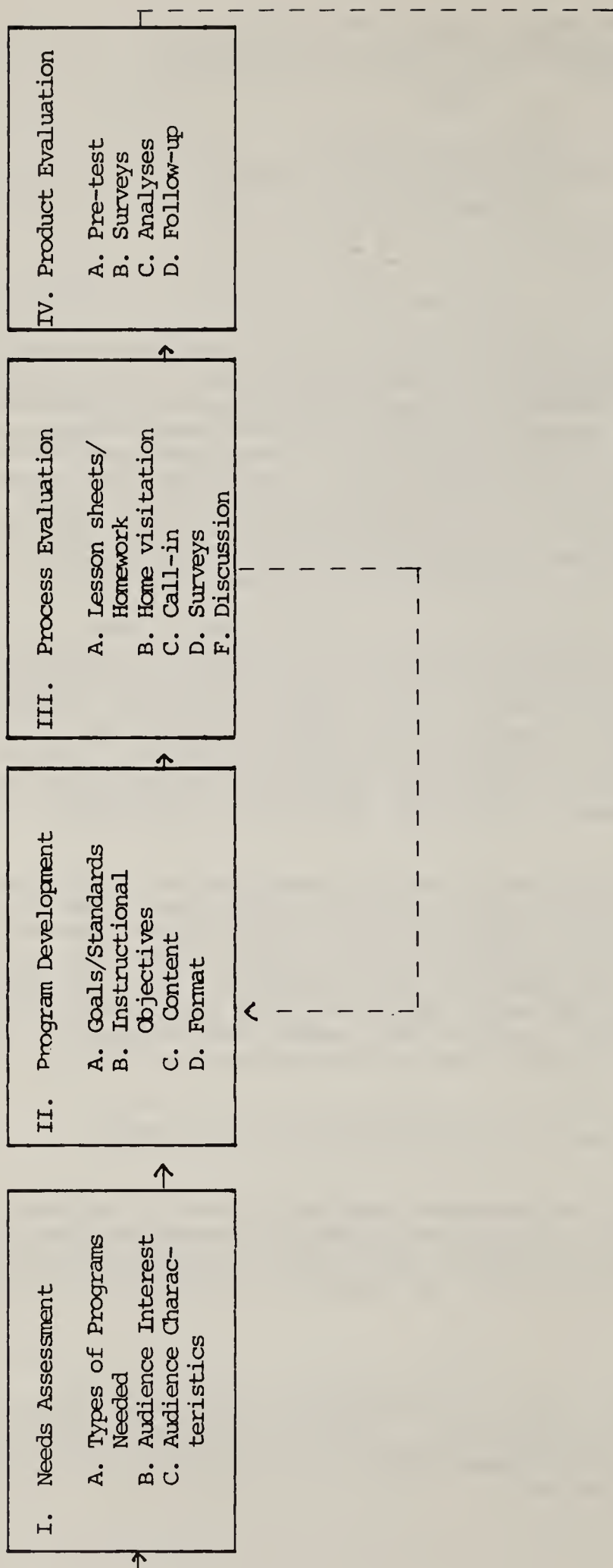


Figure 1. Application of the generalized instructional evaluation model to the design and planning of educational radio programming for the blind.

Types of programs needed. The types of programs needed depend on the types of service offered and the sponsors of the service. For example, programs designed for the blind might differ from programs designed for the "print handicapped" that could include any number of handicaps other than blindness. By the same token, programs broadcast over radio stations serving only the blind might differ from programs for the blind broadcast via other public or private stations.

The goals of the sponsor or sponsoring agency naturally color programming. In South Carolina, the South Carolina Educational Radio for the Blind Network (SCERB) is associated with the South Carolina Commission for the Blind (SCCB). One of the SCCB's main functions is rehabilitation. Consequently, instruction provided by the radio service has gravitated toward goals of rehabilitation and resulted in programs focusing on housekeeping skills, consumerism, career opportunities, the metric system, shopping, and parenting for preschool children. The tie between the radio network and the Commission results in programs quite different from programs that might result from association with a university.

Audience interest. Calling radio the hidden medium, Land Associates (1967) pointed out the "profound weakness in the medium's knowledge of its audiences." In order to provide successful instruction, one must cater to the needs and interests of an audience whose, as Bob Somogyi of the SCERB says, only commonality is blindness. In one sense, this single commonality is pivotal. Chu and Schramm (1968), in reviewing television research, report that students will learn more from instructional TV under motivated conditions than under unmotivated conditions. If the radio instruction provides a needed service of interest to the blind, audience motivation will be intrinsic, far preferable to common conditions of education, as any public school teacher will attest.

Audience characteristics. In addition to audience interest, which can be measured by polling listeners, audience characteristics must also be assessed. Five audience characteristics of importance are noted here. First, audience entry-level characteristics with regard to subject matter knowledge, as measured by a pretest, are vital to planning broadcast lessons. Why dwell on the basics of a lesson if your audience already knows them?

Second and third, the degree of blindness and types of communication materials used by each participant must be known in order to provide lesson sheets and homework. Does the student use Braille, large print, tapes, or some other means for communication?

Fourth, what is the student's age? To some extent, the age of the listener will affect his/her comprehension, attention span, as well as other factors. Age grouping has been found to be related to scores on tests measuring learning from a taped message (Siskind, unpublished). The age of the audience also affects the types of programs presented. If the majority of the audience is elderly, blinded later in life, programming will certainly differ from what it would be for congenitally blind adolescents.

A fifth audience consideration is the time of the presentation. As might be expected, research has shown that the effectiveness of at-home instructional television is mediated by this factor (see Chu & Schramm, 1968). For example, parents of school-aged children would probably find school hours, during the week and school year, best for instruction. Parents of preschoolers would probably be more likely to prefer later, night hours for lessons.

Program development

An instructional radio program for the blind can be developed much like any instructional program is developed.

Goals and standards. The first step in program development is setting goals and standards. For example, the writer has recently become interested in educational radio programming for blind preschoolers in South Carolina. After assessing the need for this type service, for example, "Are there sufficient numbers of blind preschoolers in South Carolina to warrant such a service?", the rationale for the program follows. In South Carolina, legislation for a basic skills assessment program has been enacted. First-graders are tested at the beginning of each year to determine if they are ready for the formal school curriculum. The test consists of pictures and is highly visual in content. Students who are judged "not ready", based on test performance, must be given special instruction. What will happen to blind children who can not perform well on this test?

The goals for this proposed program are to provide (a) instruction that will enhance students' accomplishment of South Carolina's kindergarten objectives, upon which the readiness test is based, (b) information for parents so they may assist in the accomplishment of this goal, and (c) information for blind children which will lessen their social distance from sighted peers. The objectives address social/psychological adjustment as well as intellectual maturity.

Without standards, I would not know whether my goals were being met. Therefore, I would set standards such as, proportionally fewer blind children will be adjudged "not ready" for first grade. For older students, and/or more formalized instruction, a common goal would be a significant increase in test scores from before to after program presentation.

Objectives for lessons. To translate goals and standards into meaningful form, objectives are written for each lesson. To follow the previous example, the goals might be translated into objectives such as the following:

1. The student will remember auditory stimuli.
2. The student will determine likeness and differences in auditory stimuli. (Adapted from SDE, 1979).

Content. Objectives allow for the development of content material for the program. For the first aforementioned objective, program content might include nursery rhymes, finger plays, songs, or sounds made by animals or objects, all of which enhance auditory memory. For the second objective, presenting matching sounds and non-matching sounds, such as loud versus soft, or "cat" versus "bat", would be appropriate objectives-based content.

As previously mentioned, content should also be based on audience knowledge. If a pretest indicates most learners know something about the subject matter, less time should be spent on basics and more time spent on more advanced content. On the other hand, for an audience whose pretest knowledge is limited, a good basic foundation is a must.

Content should also be process-based. Anderson (no date available) claims that most instructional content consists of information, concepts and/or procedures. Information refers to facts, e.g., George Washington was the first President of the United States. When content is solely

information, the programming focus moves from content to format. There are only so many ways to say, "George Washington was the first president of the United States." The challenge becomes how to make the point. Should the presentation be exposition or drama, facts stated once or repeated?

Concepts are "classes of objects, events or experiences to which we usually attach a label . . . All members of the concept class must share some thing or things in common. The things they share in common are called the critical attributes of the concept" (Anderson, no date available). In instruction involving concepts, one needs to provide examples and nonexamples, critical attributes and irrelevant attributes. An example adapted from Markle and Tiemann (1970) might be helpful. The critical attributes of the concept "chair" are (a) a back, (b) a single person seat, and (c) a rigid seat. A single person, rigid seat without a back is a stool (nonexample). A single person, rigid seat with a back and rockers is a chair, but is a special kind of chair - a rocking chair. However, rockers are an irrelevant attribute - not all chairs have them.

Procedures refer to sequences of mental or physical activities. They may be generalized or specific, imaginative or performance. The procedure for solving quadratic equations is specific and imaginative. The format of the radio housekeeping skills program, broadcast by the SCERB, involved a presentation of specific and performance-based procedures (see Table 1, page 55; see also Siskind, 1980). It is believed that the more concrete, namely, performance-based and specific, a procedure is, the easier it is to teach.

Format. The format of the medium is probably the one major distinguishing feature between radio instruction and instruction in general. Normally, educational materials capitalize on the availability of varied media and the use of more than one sensory modality. Using the radio medium however, limits instruction to one medium, and one primary modality. This heightens the importance of format. A few points about format follows:

Table 1

Preparing Clothes for Washing

(Excerpt from script teaching housekeeping skills to visually-handicapped students, produced by South Carolina Educational Radio for the Blind Network.)

PERFORMANCE CRITERIA:

YOU WILL HAVE COMPLETED THIS TASK SUCCESSFULLY IF:

- a) You are able to group all like items together and describe appropriate washing procedures.
- b) You are able to remove decorations such as pins, ornaments, etc.

SUGGESTED TECHNIQUE:

1. Take a selection of your own clothing.
2. Distinguish individual pieces of clothing and place them in piles by type so that they may receive the appropriate washing procedures.

3. Divide the clothing into appropriate wash categories as follows: (a) White and light, fast-color cottons and linens; (b) Dark, fast-color cottons and linens; (c) Silk and synthetic fabrics; (d) Washable woolens; (e) Delicate hand wash items; (f) Special items to be washed separately, for example, curtains, chair covers, work clothes, etc.
4. As each item is placed on the individual pile, examine each one for pins, ornaments, etc., and also, note any need for repairs. The zippers on all clothing should be closed to prevent damage to other clothing.

NOTE:

You will find the back of the detergent box a good place for discovering information about washing procedures for the above categories. Transcribe this information in Braille, large print or on tape. If you feel that you want more information about this subject, the library or a home economics extension service in your state is a good source of information.

1. With heightened focus on listening, attention getting devices are a must. WRONG. In reviewing the literature, Chu and Schramm (1968) have found that attention gaining cues which are irrelevant to the subject matter detract from learning. Additionally, since most topics should be of inherent interest to the audience, as determined by the needs assessment, attention-getters should be unnecessary.

2. Noise detracts. It almost seems unnecessary to state that noise does detract, especially when audio is the only communication mode. Noise, as used here, is viewed in the larger context as any transmission not directly related to the content. Although background music is commonly used to enhance audiovisual presentations, the possibility of upbeat rhythm drawing attention away from explanations about life insurance, for example, should be noted.

3. Since time is limited, as much information as possible must be transmitted in each lesson. INCORRECT. Although it is a fairly well-recognized, oft-violated, educational principle, radio educators are beginning to recognize that a few key concepts, facts, procedures per lesson optimize retention. Bob Somogyi, SCERB, has found that students perform better when 12-week, 30-minute lessons are broken into three 9½ minute segments, each covering one or two main ideas. Rest breaks between the 9½ minute segments are filled with music. The benefit of pauses is supported by instructional TV research (May & Lumsdaine, 1957; Kantor, 1960; McGuire, 1961; Vuke, 1963). Somogyi also provides broadcast lessons three different times a week that allow for the benefits of repeated showings, (up to a point according to reports by Chu & Schramm, 1968), and accomodates problems of accessibility and/or household distractors.

4. Who shall the broadcaster be? Many radio information services use volunteer readers. Does instructional programming alter this practice? NO. Preliminary results of an unpublished study (Siskind, in progress) indicate that significant differences were not found between comprehension scores by listeners to a professional broadcaster and listeners to a non-professional, auditorially "legible", broadcaster. Nevertheless, volunteer readers should be screened for acceptability. Guidelines for screening readers are provided by the Corporation for Public Broadcasting (1975) or through the Talking Book Service. Only brief lessons were studied by Siskind. For longer-running programs,

dislike for a reader's voice might affect learning. Thus, having more than one radio instructor might be helpful.

Process evaluation

Process evaluation is a system that allows for the monitoring and modification of programs. Normally process evaluation includes components such as "formative" tests, i.e. tests used to monitor progress after portions of instruction; observation of the program while it is being implemented, using appropriate scales or checklists to determine whether the program is being implemented as specified; and, surveys of students to determine what they think about the program, using appropriate affective measures and questionnaires.

For radio broadcasts for the blind, process evaluation may have to incorporate some modifications or additions in order to serve its dual function of feedback to the student and feedback to the programmers.

Homework, lesson sheets, and home-visitations by counselors or teachers all suffice as formative evaluation, i.e., measurement of what the student has learned in a segment of instruction. These features also enhance and insure a healthy, if appropriate to the learning task, "practice effect." In addition, home-visitations, albeit infrequent, mediate one of the obvious disadvantages of radio instruction, the lack of personal contact with the instructor.

Surveys, of course, allow for feedback about students' perceptions of the program. If the program is handled in a formal educational manner by having students enroll, lessons sent to students, and homework returned to instructors for grading, the survey audience is well-circumscribed, offsetting the necessity for elaborate survey research methodology. Telephone surveys, using toll-free numbers, are probably the least logistically-troubling methods. However, in-home surveys during home visitations may serve to combine the benefits of both processes.

Telephones can aid educational broadcasting immeasurably. Unsolicited calls from students, calls-in during the program, live conference calls, or even taped reactions from students not only enable the instructors to derive information about students' impressions of the course, but also dispel the deleterious effects of the lack of personal contact, and absence of classroom give-and-take.

Another disadvantage of broadcast lessons can be somewhat mediated by telephone use. The delay between turning in an assignment and getting the results has been shown to diminish the amount of learning from an educational broadcast (Chu & Schramm, 1968). Providing a call-in service to distribute grades or answers to homework could reduce the impact. Another possible solution to this problem is to provide answers to one week's homework at the beginning of the next week's lesson. This solution could also act as a review for previously taught material.

In addition to information received from students through call-in services, information can be gathered from students by observing their reactions to the program as they listen. This information can most appropriately be derived in naturalistic settings and is therefore probably most appropriate with younger children in school settings.

By broadcasting lessons, the teacher and student miss feedback that is often immediately apparent in the classroom situation. However, evaluating the process helps substitute for the absence of animate

classroom interactions (Chu & Schramm, 1968).

Product evaluation

Without knowledge of the final outcome, we do not know whether our program has been successful, namely whether our goals have been met. The product is assessed best by using a cognitive post-test and affective surveys, all of which are appropriate to instruction, process as well as content, and the clientele.

Instruments and interpretations must be reliable and valid. This requires some scrutiny and pilot-testing of instruments. Analyses should be appropriate for answering the questions posed in setting standards. Assistance in this area, if not available within the broadcast system or agency, may be available through nearby colleges or universities.

In order to assess the long-range success of broadcasts, follow-up that uses any or all of the aforementioned evaluation methods and concerns would be invaluable.

Conclusion

Two statements made by Robert Gagne may best conclude this discussion of the effectiveness of radio in teaching the visually handicapped:

1. "No single medium is likely to have properties that make it best for all purposes."
2. "Most instructional functions can be performed by most media" (1965, pp. 363-364).

Radio can be an effective educator for the visually handicapped, especially when it capitalizes on the intrinsic motivation generated by the needs and interests of its audience. Radio instruction can provide a valuable service educationally and economically.

In order to enhance the potential effectiveness of radio education, programming must be planned carefully, evaluated and reevaluated, and again replanned. By following the generalized instructional evaluation model, planners can assess audience needs and interests and tailor programming to those needs and interests, making use of research findings about instructional methods. In order to modify programming and tailor it to the audience, process and product evaluation are necessary components.

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INFORMATION THROUGH THE SPOKEN WORD

by

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Today, TV, radio and newspapers are the main media for diffusing the news and information all over the world. In Japan, the Japan Broadcasting Corporation, (NHK) started a radio programme for the blind in 1964. This 30-minute programme is broadcast on Sunday at 9:30 AM and again on Saturday at 1:00 PM.

The NHK has a total of about 1,700 programmes on radio and TV but this is the only programme produced for which we would prefer there to be no need, for its main purpose is a programme for the blind. Blind listeners represent less than 0.1% of the present radio audience, but among the 250,000 blind people in Japan, 70% of them follow this programme. The programme covers various fields, such as topics and news concerning the blind followed by discussions or explanations; topics and personality of the month; introduction of various interest groups; "Our Circles" through which listeners are invited to participate in hobby circles; technical problems of administration or medical information on subjects such as moxabustion, massage, and acupuncture. Preparations are now under way for a programme on Japanese Koto music and the contributions blind people have made in the history of this classical music.

Blind peoples' interest in hobbies, sports and recreation is just as great and as enthusiastic as that of the sighted. Through radio and TV the blind are becoming more interested in fishing, chess, golf, cooking and many kinds of sports. Many have learned the rules of golf through TV and enjoy listening to the sound of the golfball falling into the hole.

There are also many sighted people who listen to the programmes for the blind. One day, after the interview of a physiotherapist was broadcast, a number of people rushed to his clinic or made telephone calls to ask for his advice. This series of interviews was very successful. Eighty blind people were chosen and interviewed at their place of work. Among them were the president of a fishing company who is able to account for his ships at work in the East China Sea with the help of braille; a farmer who has succeeded in poultry raising; a typist who is working at a court of justice as a stenographer; a schoolmaster who learned to use the abacus and is running an abacus school; and the president of a public works company who lost his sight in both eyes in the war and is still directing the workers as a supervisor.

These examples give hope and encouragement to those who have become blind and have been driven to despair, or even to sighted people who are wretched and hopeless. These interviews are recorded and copies are available on loan at the two main braille libraries in Japan. More than 100 copies are used monthly by schools for the blind, groups or individuals.

Besides these radio programmes designed for the blind, there are many kinds of spots sponsored by large industries and shown between the regular programmes of TV. For example, under the title "Can you walk on the street blindfolded?" a blind man with a white cane or a guidedog is shown crossing the road. Then instructions are given as to how to guide a blind man properly. It is just a half-minute spot but seems to be quite effective. Usually, I go to my office by train, changing twice at the large, crowded stations in Osaka. Since this spot was shown, there is always some one who kindly asks me if I need his help.

All over Japan, around public facilities, at the railway stations and at the main street crossings, we find that part of the ground is paved with special paving stones. These are 30 cm equare with 36 raised dots on the surface. Each dot is 3.5 cm in diameter and 0.6 cm high. Naturally, this is to help the blind find their way but, at the same time, it reminds the sighted of the blind and their difficulties. Consequently, public understanding of, and cooperation with, the visually handicapped are increasing greatly.

Another traffic aid for the blind is the sound-signal. A simple melody or the twitter of a bird tells the blind when to cross the road. There are some who complain that it is noisy, but even kindergarten children and elderly people know it is the signal for the blind. The braille indication on the automatic sales machines, too, is a silent appeal to the sighted for their cooperation.

NHK has built the bridges between the sighted and the blind and between blind people themselves through the radio programme. The spots on the TV, the sound signal, the dotted pavement, and the braille indications at public places call the attention to the public to the need for cooperation with the blind, who are small in number and apt to be passive. We should realize the importance of P.R. from our side to enlist the cooperation of the sighted.

A summary was made on June 30, 1979 of various types of media services available to the blind. The nations that contributed data are listed below:

- | | |
|--------------------------------|----------------------|
| 1. Australia | 19. Malaysia |
| 2. Austria | 20. Mali |
| 3. Belgium | 21. Estado de Mexico |
| 4. Brazil | 22. New Zealand |
| 5. Canada | 23. Nigeria |
| 6. Columbia | 24. Philippines |
| 7. Czechoslovakia | 25. Poland |
| 8. Finland | 26. Portugal |
| 9. Federal Republic of Germany | 27. Rumania |
| 10. France | 28. Saudi Arabia |
| 11. German Democratic Republic | 29. Singapore |
| 12. Ghana | 30. South Africa |
| 13. Guatemala | 31. Sri Lanka |
| 14. Hungary | 32. Sweden |
| 15. India | 33. Turkey |
| 16. Israel | 34. United Kingdom |
| 17. Italy | 35. U.S.A. |
| 18. Japan | 36. U.S.S.R. |

The data obtained through the survey are summarized on the following pages:

1. Radio Programs for the Blind and those for P.R. about the

Blind

Countries which have the programs	69.6%
Countries which have no program	30.4%
2. TV Programs for the Blind and those for P.R. about the Blind	
Countries which have the program	47.8%
Countries which have no program	52.2%
3. Radio Program	
a) Numbers of the program per week	
Once a week	23.0%
More than once	46.2%
Once a month and others	30.8%
b) Programs for the blind	30.8%
P.R. about the blind	7.7%
Both	61.5%
c) Length of the program (per once)	
Less than 5 minutes	7.7%
Less than 30 minutes	69.2%
Others	23.1%
4. TV Program	
a) Numbers of the program per week	
Once a week	0.0%
More than once	22.2%
Once a month and others	77.8%
b) Programs for the blind	0.00%
P.R. about the blind	33.3%
Both	66.7%
c) Length of the program (per once)	
Less than 5 minutes	11.1%
Less than 30 minutes	33.3%
Others	55.6%
5. Broadcasting Corporations which have the Programs for and about the Blind, and the Fee	
a) Governmental	73.3%
Civil (only)	6.7%
Both	20.0%
* There are no government stations in the USA. Some are sponsored by organizations servicing the handicapped, as the American Foundation for the Blind sponsors SOUND TRACK.	
b) Free of charge	85.8%
Charged (only)	7.1%
Both (")	7/1%

6. Date (year) when these programs were started (Three countries from the oldest)

<u>Radio</u>	Belgium	1949
	Czechoslovakia	1954
	United Kingdom	1969

<u>TV</u>	Czechoslovakia	1954
	United Kingdom	1959
	New Zealand	1969

7. Programs which were useful for the blind or attracted the concern of the public

Australia:	Interviews with noted blind personalities. Well produced films on blindness and eye conditions.
Belgium:	Intermission - little film "Road Security".
Canada:	Problems of the blind and blindness prevention.
Czechoslovakia:	Stories from life, Working Placement, Special Institutions, Guide-dogs, Mobility, Congresses.
Ghana:	"The White Cane"
New Zealand:	"Access" - Forum of blind persons discussing problems of integration in the community.
Saudi Arabia:	"Light and Hope"
Singapore:	"A Touch of Courage"
South Africa:	Panel discussions by blind people, Interviews with blind people doing interesting jobs and hobbies.
United Kingdom:	A number of instructional and P.R. films made by Royal National Institute for the Blind.
U.S.A.:	Interviews and discussions on subjects of interest to blind persons. P.R. programming: "Working in a Sighted World", produced by AFB; interviews with successful blind people; short dramatizations of blind people in everyday situations, plus many radio and TV public service announcements on all aspects of blindness.
Japan:	"Series of the blind pioneers" - the blind at various work. "Run through the Darkness", "Working Men" - Guide-dogs.

8. Radio & TV Programs re Blindness broadcasted during 1978

Countries which had the programs	73.9%
Countries which had no programs	26.1%
9. About the Countries which replied "Yes" to 8
 - a) Number of the programs

Some had more than 10 times a day and some just twice a year.
 - b) Length of the programs

Some were the spots and some were longer than an hour.
 - c) Contents

Education 24.3 %	Prevention of Blindness 24.3%
Employment & Vocation 16.2%	Mobility 10.8%
Aids and Devices 8.1%	Rehabilitation 5.4%
Others 10.9%	
10. Special arrangements for the Handicapped made at the stations and public transportation

Countries which have arrangements	34.8%
Countries which have no arrangements	65.2%
11. Kinds of Arrangements

Indication or card	50.0%
Indication or card and vocal announcements	50.0%
12. Special Traffic Signal at the Busy Crossings

Equipped	65.2%
Not equipped	34.8%
13. Kinds of Special Traffic Signal

Buzzer or monotonous sound	73.3%
Vibration and buzzer	20.0%
Music, vibration and buzzer	6.7%
14. Special Arrangements for the Blind at the Stations, Crossings, etc.

* Countries which have arrangements	17.4%
Countries which have no arrangements	82.6%
* Dotted pavements or specially designed materials are used.	
15. Special Arrangements for the Blind at the public places and buildings

Countries which have arrangements	17.4%
Countries which have no arrangements	82.6%

Examples:

Japan:	The regular low tones of the bell
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comes from the ceiling in front of the door, etc.

- Sweden: Some lifts have sounds indicating floor numbers, if it is occupied or not, and when it arrives at the floor.
- U.S.A.: Some elevators have a recording to announce the floor number.
- U.S.S.R.: Besides these, sidewalks are covered with different materials; braille tables, rubber strips, sound signals and other special aids.

16. Methods which connect the Blind and the Public by Sound or Spoken Words

Countries which have some	30.4%
Countries which have none	69.6%

Examples:

- Australia: Electronic warning device working through telephone to call for help in emergency. It can be used by blind or sighted persons who are at risk.
- Czechoslovakia: Radio stations connected with the dispatching of first aid by traffic accidents.
- Hungary: Articles in the news papers about the visually handicapped, life, work, health, etc.
- Japan: At the schools and institutions for the blind, the special alarm is equipped.
- South Africa: Circulation of a News Tape; Telephone News Service (Daily readings from the press)
- United Kingdom: Provision of cards which can be shown to the general public saying "YOUR HELP WELCOMED" to be used by blind (particularly deaf-blind) people to indicate that sighted help would be appreciated. Similarly, cards for "TAXI" and "BUS NUMBERS" are provided.
- U.S.A.: Federally funded public buildings and facilities are now becoming more accessible to the visually and physically handicapped. National Parks offer guided tours on tape for the blind. Public buildings are required to provide ramps for the

physically handicapped. There are technical devices for the blind, such as talking calculators, and a machine to scan the printed page and a synthetic voice reads the page.

THE RIGHT TO UNDERSTANDING:
THE PRACTICAL OBJECTIVES OF A PUBLIC RELATIONS
PROGRAMME TO COUNTER MYTHS ABOUT BLINDNESS AND
TO PROMOTE UNDERSTANDING

by

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Those of us who are involved in organizational work for the blind quite frequently write and state that there do exist prejudices about blindness and its consequences. Prejudices are a serious obstacle for the attainment of the true integration of the visually handicapped in the general community. Therefore it is natural that we include among our most cherished aspirations the achievement of a positive understanding and acceptance of our situation by sighted people.

This General Assembly of the World Council for the Welfare of the Blind (WCWB) presents us with an exceptional opportunity to do some reflecting on this subject. One would also want to offer, at this time, valid suggestions with regard to the principles that ought to guide our actions in this specific matter. We know that many prejudices and myths about blindness have an intellectual foundation. They can also have their roots in emotions. The most frequent case, however, is that both causes go together. We do not understand blind people because we totally ignore their problems and characteristics or we know them in an imperfect way. We judge their situations in a negative manner because the loss of visual ability is believed to be a very serious defect. It is therefore extremely difficult to appreciate the true consequences of that reality.

Intellectual misunderstanding derives from ignorance or imperfect knowledge. It may also find an important reinforcement in our abstraction ability, in our need to pigeonhole and to generalize. It is best to remember that every generalization is based on the observation of common features neglecting a whole series of differences. When referring to human beings the dangers of inadequate understanding are enormous.

In many cases we make assertions about a given human group on the basis of the limited knowledge we possess about one or two of its members. For example, our idea about the blind may be formed from our contact with a relative, a working fellow, a neighbour, or a person we everyday meet at the bus stop. This is a vulgar nonscientific abstraction. But unfortunately, it is not an unusual phenomenon in our way of building attitudes and behaviours towards the world in general and mankind in particular. Psychology and sociology pretend that their conclusions should be backed by indepth studies with a number of people large enough to constitute representative samples. However, the results of their investigations are often misinterpreted and scientists and laymen get false ideas from them. If a comparative study shows that Group X is more intelligent than Group Y the only thing that we can justly infer is that statistically that superiority occurs. We cannot admit, however, that any member of Group X considers himself automatically for that reason superior to any member of Group Y. I have no doubts that this misinterpretation helps to perpetuate

the misunderstanding of sexual and racial differences, and of the differences existing in real terms between the persons we name as "able" and those we label as "disabled".

In our writings and conversations we frequently attribute all the responsibility of misunderstanding to the "other," in this specific case, the sighted. We forget, however, that the leaders of the organizations of the blind, regardless of whether they are blind or sighted, also share in human nature and are consequently in no way free from its vices and errors. Moved by a positive desire to fight against the environmental injustice that inhibits a valid understanding of blindness, we are excessively prone to simplify and positivize our situation. We talk about the blind as though our personalities were essentially identical and we insist on our potentials and abilities without mentioning our problems and difficulties.

Do you not agree that the exercise of a positive self criticism would be beneficial? Do you not think that it would be necessary to contribute positively to the achievement not only of a condition of first class citizenship but also a condition of human beings endowed with a strictly individual personality? Do you not consider that the impact of blindness is unique for each individual on account of his or her personal characteristics and as a consequence of the family, environmental, social, political, geographic, historical circumstances? I am not intending to minimize the objective difficulties that blindness implies. I am firmly convinced, however, that important as it is blindness is only one factor among the constellation of features that constitutes one's personality. It is not the same whether blindness is total or partial, whether it is from birth or has occurred in childhood, youth, adult life or old age. Its consequences vary according to the attitudes and reactions of the family and of the members of the group with which we are most immediately connected. It is not the same to be blind in a society where a given life philosophy is prevalent or in another ruled by a radically different one. It is not the same to be blind in a community inspired by this or that sociopolitical practice. It is not the same to have been blind in 1910 or in 1979. And, of course, our physical and intellectual features, our temperament, in a word, our personality, play a decisive role.

Our public relations programmes should therefore always bear in mind that blind people are first, and above all, human beings with individual personalities. The programmes should emphasize that their abilities vary from one another, that they have the right to succeed in life but also the right to fail, that what they wish is to have the opportunity of self realization, that their ideal is that one day physical and intellectual differences, diversity in skin colour, being a woman or a man, to see or not to see, to have the ability of walking normally or be compelled to move in a wheelchair should not be in any way points of discrimination. Integration for each and everyone should really be possible by creating suitable conditions so that the enjoyment of social opportunities should depend only on our real individual characteristics. That is an unreachable utopia, many of you will say. However, we should not forget that if we do not set ideal targets ourselves, it is very unlikely that we will find the necessary moral strength to work towards the attainment of a society based on a true solidarity. This should eliminate the all too prevalent notion of competition in which some receive much and other fall by the wayside.

I am fully aware that we have to be realistic and that we have to find ways and means to improve our situation here and now. It will often be necessary to adjust ourselves to the circumstances that surround us. I also think however that it is desirable to have a certain

degree of healthy dissatisfaction, and that it is essential a certain creative tension that makes human progress genuinely possible. It is also realistic to assert that if the efforts in the field of education and rehabilitation are not combined with a determined action to obtain more just laws and more communal attitudes and behaviours, we will only be serving an elite minority, and integration will have an unjustly limited value. We would fail in the attainment of our objectives if we perform in such a way that socialization forces the individuals to become stereotypes instead of fostering the development of their potentials without fostering comparisons. There is no reason to abandon our aim of achieving equality but we should insist much more on our right to be different.

STRATEGIES FOR IMPLEMENTATION

The preceding articles have dealt mainly with the conceptual bases for implementing services for the blind and the planning process for increasing participation on the parts of both the consumer and providers of services. However, all these efforts will be wasted unless they result in the implementation of viable rehabilitation programs for the visually handicapped. There are four articles in this section that deal with various aspects of the implementation of rehabilitation programs. The first by Desai describes various models of rehabilitation. The second by Holdsworth reviews various aspects of the long cane technique. Garland's paper deals with the economic production of basic equipment for the visually impaired, and the final paper by Vyas discusses certain issues related to the mass restoration of sight. The international concern with services for the blind is evident by the fact that two of the papers were prepared by professionals from India, another by a professional from Australia, and the third by a professional from England.

MODELS OF BASIC REHABILITATION

by

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Introduction

Basic rehabilitation, to my mind, is the very foundation on which restoration to normalcy of the visually handicapped, for that matter of all disabled persons, is based. If the foundation is strong, the client will, to the extent permitted by his handicap, return to near normalcy and blossom to the full extent of his potential. The philosophy of rehabilitation is simple. It aims at the restoration of the handicapped to the fullest physical, mental, social and vocational usefulness of which they are capable.

Purposes of Rehabilitation

The purpose of rehabilitation is to restore function, confidence and independence to handicapped clients. The escalation of impairment is prevented. The disabling conditions are reduced. Psychological adjustment and overcoming of emotional and other disturbances greatly assist the client on his way to normalcy. The residual abilities are developed and used in the service of the clients. The clients are assisted to return to normal useful lives within the community. The medical rehabilitation team ensures restoration of function to the fullest extent permitted by the disability. Once the shattered self-confidence of the client is restored by the rehabilitation team, half the battle is won. Independence is extremely

significant to the visually handicapped. Everything possible should be done to restore fully their independence. Restoration of function, confidence and independence can be achieved by sound and scientific rehabilitation practices and by systematic training.

Objectives of Rehabilitation

What are the immediate objectives of basic rehabilitation? It aims at making the client fully accept his/her handicap, know the limitations imposed by it, and assist him/her in making appropriate adjustments. After orientation and adjustment, the restoration of self-confidence, the provision of basic skills, psychological and vocational assessment, vocational training and the total development of the client is planned. The training leads to development of social graces. The social goals of rehabilitation is to help the client find a satisfying niche in normal family and social life.

The ultimate objective of all rehabilitation is to develop the client to his fullest potential, uplift him in life, reintegrate him/her in the community, resettle him/her in congenial and remunerative employment, and lead him/her to economic and social independence and happiness.

Losses Consequent on Blindness

The late Reverend Father Thomas J. Carroll listed as many as twenty Losses Consequent On Blindness. He has grouped these losses under six major categories, namely, Basic Losses of Psychological Security, Loss in Basic Skills like Mobility and Techniques of Daily Living, Loss in Communication - both written and spoken, Loss in Appreciation of the Pleasurable and Beautiful, Loss Concerning Occupation and Financial Status and resulting Losses to the Whole Personality.

Basic rehabilitation endeavours to minimize the adverse effects of these major and severe losses. The blind place much reliance on vicarious knowledge. Their basic resource is the 'mind'. Through the mind, the blind perceive their surroundings. The mind must be trained to be methodical.

Methodical training enables visually-handicapped persons to develop and make fullest use of their residual senses, overcome psychological and emotional set-backs or disturbances, regain function and confidence, learn vocations, choose a career and develop therein to their full potential, improve their social graces and equip them to face squarely the battle of life in a highly competitive and increasingly materialistic world. Consequently, basic rehabilitation can help newly-blinded persons to overcome successfully the multiple and often overlapping losses mentioned. If undertaken systematically and thoroughly, it can help the client regain competence and help in reintegration into the normal mainstream. It can help improve psychological and emotional adjustment and assist the client to regain lost confidence and skills.

Methodology

The rehabilitation team has the primary aim of helping the

client adjust to a new life of darkness. The client is trained in personal management, personal grooming, self care and techniques of daily living. Wise guidance and counselling directs the client on the right path. Observation of other blind persons who have successfully overcome their handicap gradually restores the client's confidence. In addition to adjusting and orienting the client, the project staff unobtrusively but continuously assesses and evaluates him/her. Intensive training in outdoor and indoor mobility steadily improves the client's independence of movement. The client is taught to use various aids, appliances and equipment. Home economics and domestic science also fosters independence in home management. The client learns to prepare tea, coffee, breakfast and even light meals. Skills of communication enable the client to overcome the loss of ease of written and spoken communication. Physical training and corrective therapy restores his/her body to physical fitness. Vocational training facilities enables the client to know the various occupations that could be followed advantageously. The choice of a career becomes easy.

Basic rehabilitation endeavours to develop all elements of the client's potential and continuously assists him in minimising the adverse effects of the losses consequent upon the onset of blindness. At the same time, it enables the interdisciplinary rehabilitation team to assess and evaluate the client continuously and help and guide him/her in the choice of a career suitable to his/her hopes aspirations and abilities.

Some Basic Principles

Before some typical models in rehabilitation are discussed, a few basic principles should be emphasized. It would be difficult to suggest that anyone in the field of rehabilitation would disagree with the following:

Emphasis be placed on residual abilities of the client and not on disabilities.

Limitations imposed by the disability be fully accepted by the client, the family and the community.

Training in the use of low vision aids be part of basic rehabilitation.

Miracles of modern rehabilitation be continuously brought to the notice of newly-blinded clients so that it gives them added confidence.

Clients be made to realise that few persons are so disabled that they cannot put their remaining capacities to good use.

Excellent results are obtained through comprehensive personalised individual training and services.

Generalizations should be avoided and the blind should not be treated as a group.

The fullest possible use be made of all available normal community resources so that rehabilitation programmes become economical.

Negative attitudes of pity, misguided charity, sympathy should be replaced by positive, constructive, developmental and innovative attitudes.

Modern management techniques be exploited by all agencies engaged in the rehabilitation of the blind.

No country can afford the luxury of idle man power - much less the developing countries.

Those in the army of disabled - especially in the Third World - must be rehabilitated, trained and developed to become productive and contributing members of their communities.

All over the world, rehabilitation has proved, beyond any reasonable doubt, that all these can be achieved successfully.

Priority for Client Development

The blind obviously live in a world in which the populations are predominantly sighted. In an age of population explosion, automation, inflation and of growing unemployment, the blind must live increasingly in a highly competitive and materialistic world. Unless they are trained to face the difficult battle of life ahead, unless they develop to the fullest extent of their potential, unless they make the most of all available developmental opportunities, unless they are fully ready for the chances ahead, they will find it increasingly difficult to compete even in a minimal way.

To my mind, therefore, client development is a must. During the process of development, the dignity of the individual has to be respected. In all programmes, the client should receive top priority. This means that the programmes should be client-oriented. In such programmes, the client should be encouraged to:

Use any residual vision judiciously.

Develop correct, positive, constructive and innovative attitudes.

Try for excellence in all that he attempts.

Be alert to all opportunities ahead.

Develop all round skills, especially the use of the memory.

Learn self-help and cultivate dedication and commitment.

Be methodical in performing tasks, especially those related to work.

Increase his/her self-reliance, independence and adaptability.

Adopt safe methods and safety first habits.

Develop self-confidence and win the confidence of others.

Excel in human relations and know how to win friends and influence people.

Realise that tomorrow begins today.

Prepare him/herself adequately to face the battle of life in a highly competitive world.

Set goals, targets, ideals and develop his/her leadership abilities and creativity.

Organisational Models in Rehabilitation

The discussion that follows refers to four models in rehabilitation successfully implemented in India. These models may be adapted easily to suit the needs of any developing country in both urban and rural areas. They are low cost and high yield, and have proved highly successful in client development.

Model I: the department of rehabilitation

At the Third All India Conference on Work for the Blind held in Bombay January 19-22, 1977, I presented a paper on 'Planning Basic Rehabilitation of the Blind'. Following discussions, a resolution unanimously demanded the establishment, by the National Association for the Blind, of a Department of Rehabilitation. As a result, a plan or scheme was developed and discussed with friends from Australia. They were greatly impressed. They arranged for financial assistance from Force 10. Consequently, the Department was established on April 1, 1978. It is intended that all newly-blind clients, or those who are not privileged to receive prior rehabilitation training, should be assisted by this Department from the onset of blindness until the client is satisfactorily resettled, both economically and socially.

After basic rehabilitation, the Department assists the client in further vocational development and thereafter in economic resettlement. In doing so, it may make use of the facilities available in the normal community resources or in the blind welfare agency.

Once the client is registered at the Department he/she is free to come again to the Department, at any stage of life, for any guidance or assistance that may be needed.

Aims and objectives of the department:

The broad aims in the Scheme are as follows:

- a) Creating machinery or an organisational setup that can rehabilitate, train and develop the visually handicapped from the stage of impairment until the client is satisfactorily resettled in life, economically and socially.
- b) Organising courses for adjusting and rehabilitating individual blind clients from the onset of blindness until the client has developed adequately and has been assisted in earning a remunerative and living wage.
- c) Starting courses for training key professional personnel required in the field of rehabilitation.
- d) Developing a training course for instructors in mobility.
- e) Guiding all institutions for adult blind in the country

in developing similar projects in their areas so as to disseminate the concept of basic rehabilitation.

The Department will use, without cost, the Industrial Rehabilitation facilities available at the NAB-Workshop for the Blind. The establishment of exclusive Rehabilitation Centers for adjusting the newly-blind clients or those who have not had the benefit of rehabilitation training would be prohibitively costly. It is, therefore, wise to integrate rehabilitation training in the existing facilities. This procedure would be much more economical and would suit the needs of developing countries. It appears to be the only way of rehabilitating a large number of blind clients at the lowest cost and making them productive citizens contributing to the economy of the country.

The objectives of the Department are:

The identification, location and referral of clients, assisting them with adjustment and providing orientation and mobility training.

The provision of training in personal management, personal grooming, self-care, techniques of daily living, skills of communication, home economics, knowledge of aids and appliances available and developing social graces.

The provision of industrial rehabilitation and plans for further vocational training and career development of clients.

The development of short-term and refresher courses in rehabilitation and the organisation of seminars and symposia for improving public relations.

The organisation of training programmes for various categories of professional staff required in the field of rehabilitation.

The development of courses for training instructors in mobility.

The provision of guidance and assistance to all institutions for adult blind in the country for developing similar programmes of rehabilitation.

Scheme

The Department intends to train annually four groups of 25 rehabilitees. In addition, at each of the four courses, the Department intends to train some six to nine professionals in the field of rehabilitation from all over India. Under this plan, the professional instructors, who are drawn from institutions and associations for the blind from all over India, get an opportunity of handling a client load during the training process. This gives them practical experience of handling clients and makes their training meaningful. It also helps clients to receive individual and personalised attention. Their rehabilitation and training programme is tailor-made to suit the individuals, problems, aptitudes, etc. The rehabilitees as also the professional trainees get certificates at the end of the three months course.

Rehabilitation training

Rehabilitation training is offered in seven sections. They are:

Rehabilitation:

Clients are trained in adjustment, personal management, personal grooming, self-care, and techniques of daily living; and receive guidance and counselling. The section maintains individual files of each client, coordinates work of various sections, conducts interdisciplinary meetings, evolves tailor-made programmes to suit the needs of each client and generally ensures coordination.

Vocational Training and Training in Handicrafts

Here, the rehabilitees are introduced to various handicrafts and vocations. Their talents for vocations to be pursued as careers are evaluated and assessed.

Light Engineering Section

The rehabilitees are introduced to elementary mechanical and electrical training, including work on simple fly presses, hand operated or mechanically operated machines, and punching and drilling machines.

Braille and Communications

In addition to receiving training in braille, the clients have opportunity to improve their skills in communication. Clients are introduced to typewriting, dictaphone operation, and the use of the talking books, as well as to other communication devices.

Home Economics

Here particular attention is paid to domestic science in which clients learn to handle household duties such as cooking, laundry, cleaning, sewing and home management. For blind females, special emphasis is placed on home management and child care.

Mobility Training

Every effort is made to fully develop the mobility of blind clients. The use of the long cane, both indoors and outdoors is taught.

Physical Training and Corrective Therapy

Great attention is paid to physical training. Corrective therapy is planned in consultation with specialists in the field. The Department hopes to develop a complete indoor gymnasium.

Staffing Pattern

In addition to a Director and a Deputy Director, the Department of Rehabilitation has a staff of specialists consisting of a rehabilitation officer, two mobility instructors, an instructor in home economics and domestic science, an instructor in communication skills, an instructor in physical education and training who also is responsible for corrective therapy, a social worker and a vocational guidance

counselor. One mobility officer for training instructors in mobility, two more mobility instructors, a vocational instructor and an employment officer are to be added to the staff shortly.

The project staff members are specialists in their respective fields. They are chosen with great care. Steps are taken continuously to upgrade them in their specialities.

Interdisciplinary team

The Project Staff constitutes the interdisciplinary team that meets twice a week or more often as needed. The staff discusses the assets and liabilities - the good and the weak points - of each client and plans corrective action and further development of the client. Success in client development mainly rests on the efforts of this Specialist Interdisciplinary team. The team may also avail itself of the services of specialists in particular fields as and when necessary.

The team members attend thirty-six talks given to professional trainees by experts in the field of rehabilitation. The Project Staff members also give talks to rehabilitees and the Professional Trainees.

Professional trainees

In the developing countries, whereas training of teachers of the blind has made some progress, training of professional staff required in the field of rehabilitation of the blind has been sadly neglected. The Department of Rehabilitation, offers four courses a year for training professional staff drawn from institutions and associations for the blind all over India and new recruits interested in taking up Rehabilitation as a career. Thirty-six talks by experts in various disciplines give the theory input to the trainees. They get practical experience in handling adequate client load. Each professional trainee is entrusted with the task of totally developing three clients. This ensures personal involvement and rapport and substantially helps in client development.

Model II: Domiciliary programme

The second model described in this paper is the experimental pilot project conducted in the South Indian State of Tamil Nadu (formerly Madras). The project, developed with aid from the Rehabilitation Services Administration, Department of Health, Education and Welfare, USA has, as its objective, the development of practical methods for the total rehabilitation of blind persons living in rural areas in their own environment by giving them scientific training in their houses or nearby.

The training is given in orientation, mobility, personal care, house management, daily living skills, agricultural operations, rural vocations, manual dexterity skills, vocational training, social integration activities and allied subjects. The objective is to discover the capacities and aptitude of rural clients and to train them to live productive lives in a manner that enables them to get relief from dependence on others to the maximal extent.

Methodology

The project staff selected five community block development areas in and around Madurai City having a total population of about 5,000,000. One half of one percent of this population was estimated to be blind. To facilitate touring in the villages, the field staff

members were given bicycles. The project investigator was given a motorcycle.

Financial aspects

The programme is simple in scope and limited in vocational or career orientation. It aims at preparing clients for being useful and contributive members of the family unit. The cost factor, however, is most favourable. Land, buildings, costly equipment, farm animals and other institutional facilities are not needed. The average cost per client over a three year period is only 24 US dollars. In an institution, the cost could be around 750 US dollars per client annually. Thus, at a very low cost, the programme can provide basic rehabilitation and train a large number of the rural blind.

Staff training

The staff of some twenty field workers were given intensive training by an expert consultant in rehabilitation from the American Foundation for the Overseas Blind. The staff was selected from the rural areas covered by the project. The training of the field staff included demonstrations and practice in orientation and mobility, activities of daily living, counselling and interviewing of clients and classroom instruction. The staff members were also trained in various skills involving the common vocational activities of villagers and of the vocational needs of clients entrusted to their care.

The field staff surveyed the area to identify and locate blind persons. In addition to interviewing the clients and gathering data about their situations, the field staff also contacted family members of clients and secured their involvement in the development of the clients.

The Project has demonstrated effectively a simple and constructive approach to providing practical training to a large number of rural clients within the meagre financial resources available in most developing countries.

Model III: Agricultural and rural training - institutional programmes

The third model is suitable for training and for resettling the rural blind in their familiar rural surroundings. It aims at providing basic rehabilitation. In addition, the rural blind are trained in agriculture, horticulture, floriculture, pisciculture, animal husbandry, dairy farming, poultry farming, sheep and goat rearing, the operation of petty rural shops, rural crafts and trades, and in allied farm pursuits. The training period is advisedly kept at one year so that the trainees get experiences in all the four seasons and learn as much about seasonal farm work as is possible.

The Project does not expect to make expert agriculturists out of the blind clients. What is attempted is to give them all the basic skills that enable them to work on their own farms independently or as participative members of the family units. On completion of the training, the Resettlement Officer takes the client to his/her village and with the help of village officers and his/her family elders, help in resettling him/her. The Centre provides a small initial capital outlay on resettling the client.

Our experience has led us to two conclusions, first, the project should preferably be a part of the community development programme so that the assistance, guidance and cooperation of the block level

officers would be forthcoming in ample measure, and second, it would preferable to organise such a Centre near an Agricultural School, College or Community farm so that expert guidance and assistance is available at all times.

Model IV: Rehabilitating the aging blind

"Home - Sweet Home - there is no place like Home" runs a song mother used to sing when I was young. Where joint family systems still exist and where the aging blind could be cared for in their own homes, there is nothing like it. If not, homes for aging blind should be homes in the real sense of the word. The aging need love, affection, esteem and care. They need respect. They need social acceptance. Homes for the aging blind should endeavour to give all these and to secure for aged blind happiness, approval and acceptance in the community.

A home for the aged developed in India provides for pasttime occupations, both urban and rural that keep the aged happily and reasonably occupied. A great deal of attention is paid to developing recreational activities, outings, talks and variety entertainments. This keeps them cheerful and reduces the time available for brooding. Domiciliary programmes and Day Centres may also be planned where necessary.

It is to the advantage of the State, the Community and the economy of the country that a proper organisational structure exists in all countries for the rehabilitation, training and economic and social resettlement of the visually handicapped.

We are living in a world of increasing interdependence of nations - in a world of international cooperation. All mankind's concern is rehabilitation of the disabled.

It is my belief that the visually handicapped be enabled to enjoy equal opportunities, enjoy all human rights, all fundamental freedoms, peace and happiness, the dignity and worth of the human person and social justice. Then alone would rehabilitation be meaningful and would achieve the objectives we have in mind.

THE
LONG CANE TECHNIQUE
ORIENTATION AND MOBILITY SERVICES

by

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Introduction

This paper is a brief introduction to the use of the long cane technique as part of the process of orientation and mobility tuition for blind and visually-impaired people. It discusses the training of those who are preparing to teach orientation and mobility skills and gives some examples of adaptations of the system to different situations.

History

The opportunities for blind and visually-impaired people to acquire the skills of independent travel have increased greatly since the mid-1940's when the long cane technique was developed as the basis for orientation and mobility training. John Malamazian (1970) has outlined the early history of programmes of staff training at the Hines Veterans Administration Hospital. He gives some insight into the philosophy and emerging practice that led to today's worldwide acceptance of well grounded orientation and mobility teaching.

Evidence of the extent of this expansion is provided by Donald Blasch (1971) and since that date the philosophy, training, and practice embodied in what is known as the long cane technique has continued to expand into Europe, Asia, South America and Africa (Holdsworth 1979).

Orientation and Mobility Services

The use of this term, long cane technique, may in itself be misleading if its use tends to imply that cane manipulation is all that is necessary to achieve the objectives of safe, confident purposeful, effective and independent travel for blind and visually-impaired people. It is of course the use of the cane that is the most readily visible and evident part of the whole process of orientation and mobility. But, in some ways that evident part is only the tip of the iceberg. The linkage of the term "orientation" with that of "mobility" is deliberate and vital. Before a person can move from one point to another, he must know where the first point is and where the second point is in relation to the first, and where he is in relation to both. Orientation is a dynamic process, (Ball, 1964) as with movement the surroundings change in relation to the mover. Thus, orientation has been defined as "the process of utilising the remaining senses in establishing one's position and relationship to all other significant objectives in one's environment" (Widerberg, Kaarlela 1970). The process and skills of orientation are then the unseen part of that

iceberg that also includes the understanding of spatial concepts, motivation, cultural and societal values, the development of individual's sensory processes and finally the individual's self esteem.

The Use of the Long Cane

As implied earlier, the long cane is only a tool to aid independent movement and travel. It is only useful insofar as it helps the user accomplish something (Ball op. cit.). It is effective insofar as it is used appropriately in a particular environment. Briefly the long cane technique is a formalised method of using a specialised cane to give the user information about the ground ahead of him by monitoring the place where his next step will fall.

The advantages of a well thought out system of independent travel have been set out by Hoover (1950).

1. It provides an objective which is so important in stimulating and maintaining interest during a learning process.
2. It provides material for the instructors with which to work in an intelligent and efficient manner.
3. It does away with the trial and error method which, in the hands of the inexperienced, usually results in more harm than good.
4. It provides a framework which would allow the accumulation, sifting, and dispersing of knowledge to a larger group.
5. It is the inspiration for further research interpretation and adoption of better techniques and systems.
6. By systematizing and planning, many important aids so useful in foot travel might well be brought under one head and thus propagated and disseminated in a more intelligent manner.
7. With a systematic and carefully planned technique instructors may be trained in this skill which previously had been practically unknown.

Hill and Ponder (1976) have produced a thorough guide for practitioners in which detailed attention is given to orientation, sighted guide, self protection, cane skills, outdoor travel, special situations and specifications for the long cane. This publication is likely to be of particular interest for those involved in setting up courses for the training of mobility instructors.

Training Orientation and Mobility Instructors

A key to the development of effective orientation and mobility services for blind and visually-impaired people is to have well trained orientation and mobility instructors. Throughout the world courses for mobility instructors, range in length from three months to a twelve months course at the post graduate level (European Mobility Booklet 1976).

Put in the simplest of terms, the work of the orientation and mobility instructor is to train a visually-impaired person to be able to move about with confidence once again. To accomplish this, the instructor trains the person's remaining senses, including any residual vision, so that he can detect landmarks and reference points from the sounds, odours, or tactual sensations they provide. Through accurate interpretation and correct use of these landmarks, cues, and reference points, a visually-impaired person can determine where he is at all times.

In addition to this orientation training, instruction is also given in the use of the long cane. This aid, when used in a systematic way, provides the user with tactile feedback from the surfaces over which he is walking, as well as protection from obstacles in his path of travel. It should be pointed out, however, that some persons have sufficient residual sight that training in the use of the long cane is not necessary. Instead they are trained to use their residual vision and other senses more effectively. Just as the physical loss of sight has its psychological, social, personality and economic ramifications, the restoration of mobility in a visually-impaired person does more than restore independent movement. If one accepts the dictums that "life is movement" and that "without movement one's ability to participate in life is greatly restricted", then it may be said that the restoration of mobility skills may also restore such things as personal independence, psychological security, occupational opportunity and increased control over one's own life.

What has been described above covers the direct service role of the mobility instructor; that is, his work of providing instruction on a one-to-one basis to visually-impaired persons. In addition to his instructor role, the orientation and mobility specialist can serve as consultant to other professions. Like anyone else in the community, the visually-impaired person may need to use the services of medical, paramedical, educational and welfare people. It is, therefore, important that these people have some knowledge of visual impairment, so that they may carry out their roles more competently and more confidently. The nature of the orientation and mobility instructor's training will enable him to provide just that knowledge.

A mobility instructor with National Guide Dog & Mobility Training Centre (Royal Guide Dogs for the Blind Associations of Australia) is expected to deliver his specialist services in the community in conjunction with those of the specialist staffs from other rehabilitation organisations. Thus, the mobility instructor may, from time to time, be part of a team composed of specialists including occupational therapists, physiotherapists, optometrists, and physicians, called together to provide a number of services to a visually-impaired person. In this capacity he could act as a consultant on blindness to the team and/or provide orientation and mobility training at the appropriate stage in the visually-impaired person's rehabilitation programme.

In conclusion, when a person's sight is reduced to the degree that his everyday life is inconvenienced, it is usually in the area of movement that he/she experiences the most inconvenience. The orientation and mobility instructor is equipped by training to lessen that inconvenience considerably by building up a person's confidence in his remaining senses, including remaining vision, and equipping him with suitable aids to compensate for the reduction in vision (Mullen 1978). Although this description was prepared for one particular agency it will probably have some general applicability. A report prepared for the Mobility Sub-Committee of the World Council for the

Welfare of the Blind Standing Committee on Rehabilitation, Training and Employment lists the various countries that carry out instructor training programmes together with the length of course and criteria for acceptance. (Holdsworth 1979).

Developing Orientation and Mobility Services

Countries, agencies or groups considering the establishment or development of orientation and mobility services might well consider comments made by Norman Acton, Director of Rehabilitation International (International Rehabilitation Review 1/79) in which he listed five general principles for the establishment of services - the comments on the principles are those of the author of this paper.

1. The launching of services should not depend on definitive statistics. In the field of blindness, need tends to outstrip the services' capacity and this is so particularly in countries where services are in the developing stage. It seems therefore that it may be unwise to devote time and resources in an endeavour to establish the demography of the field of blindness when it may be more practical to realize the need is there and then start to do something about meeting that need by providing even minimal services.
2. Begin services with general forms of help of practical assistance to people with disability. Mobility as a basic component of rehabilitation services, could well be considered as one of the more general forms of help and thus mobility services should be provided early in the list of services to be developed.
3. Draw on existing facilities and use them so that they can assist the disabled person. Even in countries where services are highly developed in quality and quantity, greater use of existing facilities and resources can usually be made (Holdsworth 1972, 1974). Schools and health centres may be used as bases for services for the blind. Where services are developing, itinerant teachers, health workers and even perhaps agricultural advisors may be given sufficient training to enable them to provide some basic service to blind people (Westway 1979).
4. Make sure that plans for training and utilisation of rehabilitation personnel have priority over plans for building and equipment. Appropriate services for blind people do not necessarily depend upon having special rehabilitation centres. Indeed in countries where many blind people live in rural situations, a special rehabilitation centre may be inappropriate as that setting may be so different from the person's usual living situation that learning in a centre could be largely irrelevant. The assumption that learning the skills developed in a rehabilitation centre automatically transfer to the person's home situation can be challenged, as even one factor such as the attitude of the person's family may be so pervasive as to minimize the effectiveness of the rehabilitation process.
5. Design services that are in harmony with the economic and social resources of the community. To this may be added that services should also be in harmony with the values,

expectations and needs of that community. Here it may be useful to reflect that many rehabilitation services have been designed and developed to meet the needs, values and resources of so-called western communities. Although this most significant reservoir of knowledge and experience should be used to the fullest extent when considering new or improved services, the attitudes and values implicit in this fund of experience, should be examined for compatibility with the community in which the services are to be established.

This is not to say that negative attitudes about blindness should be accepted or reinforced, but only that the values on which some services are based may not be the values of some intended recipients of new service.

In developing new services it is important to recognise that, for the success of new services, there should be a high commitment to, and a priority for, them by those in management positions, those concerned with funding, and those who will be providing resources. The inclusion of orientation and mobility services can be expected to increase the effectiveness of rehabilitation courses and experience has shown that they often lead to an increase in acceptability of the blind by the public.

When considering the establishment of courses for orientation and mobility instructors it may be useful to use, and seek the cooperation of, the existing staff training courses such as teacher-training or health-staff training courses. It is likely that there will be at least some course commonalities that can be used. The teaching of orientation and mobility to clients may be carried out in many settings as is indicated in the European Mobility Booklet (1976). Some very successful mobility programmes operate from special rehabilitation centres for the blind, some from community health centres, some from other settings such as residential establishments for the aged, centres for other handicapped or with itinerant instructors working with the person in his/her own home (Holdsworth 1974). Some effective programmes have been carried out in mental health settings (Holdsworth *ibid.*, Eichorn 1969).

The Comstac Report (1966) and the associated self study guides, Orientation and Mobility Services (1977) and Orientation and Mobility for Residential Schools (1968), are additional useful references for those planning the introduction and development of orientation and mobility services.

Training the Individual

Turning now to consider the matter of mobility training provided to individuals a brief simple answer to the question, "What is orientation and mobility training?" is given in the booklet, How Does a Blind Person Get Around (1973). This document states that "it is the part of a blind person's rehabilitation or education that prepares him to travel independently. The goal of all programmes is the achievement of as much mobility as is possible according to the capabilities and desires of the individual. The fundamental building block is the development of the student's confidence, first in the mobility specialist and then in his own ability to use his own other senses and to learn to get around on his own".

As individuals have different starting points in mobility

needs, different reactions to certain situations, different rates of learning, and different degrees of visual loss, mobility training is usually given on a one-to-one basis by the orientation and mobility instructor. In this way appropriate feedback, so essential to learning mobility skills, can be given immediately to the client by the instructor who is responsible for the client's safety.

Individual training programmes are usually planned on a graduated basis, progressing from simple to more complex mobility experiences. Each client should be assessed in terms of his mobility needs and his abilities, training goals are then set in conjunction with the client, the programme is established and modified to suit individual progress, and on completion, it is evaluated for effectiveness and efficiency of presentation.

Individually defined goals should determine the level of competency to be aimed for and each client should be helped to develop the following:

1. An understanding of his abilities and capabilities.
2. A realistic view of his travel competencies.
3. Knowledge of how to adapt his learned skills to new situations.
4. An understanding of how and when to seek help or support.

Hill and Ponder (op. cit.) describe the ultimate goal of orientation and mobility as enabling the student or client to enter any environment, familiar or unfamiliar, and to function safely efficiently, gracefully and independently by using a combination of these two skills. The authors then give an overview of the prerequisite skills and variables in three headings, cognitive, psychomotor and affective.

Cognitive

1. Concept development - body imagery, nature of environment and temporal relationships.
2. Divergent thinking.
3. Problem solving.
4. Decision making.
5. Retention and transfer.
6. Utilisation of remaining senses.

Psychomotor

1. Balance and co-ordination.
2. Posture and gait.
3. Ability to walk a straight line and execute turns.
4. Dexterity.
5. Stamina.

6. Reaction time.

Affective

1. Attitude.
2. Motivation.
3. Values.
4. Self Confidence

It is important however to recognise that it is the client's existing skills, abilities and successes on which the Orientation and Mobility Instructor will have to build. Listing the person's abilities and defects may help to identify the total needs, but recognising the person's strengths, achievements and capabilities is the fundamental basis from which teaching and learning will stem. All too frequently rehabilitation assessments emphasize the problems at the expense of recognizing the clients successes in managing his/her life up to that time. Each person working with a client should be constantly sensitive to expressions by the client of his aspirations, interests, motivating factors and concerns. This applies especially to the orientation and mobility instructor who often works with a client for longer periods than other rehabilitation staff members.

Adaptations

The techniques developed in the use of the long cane, and the training patterns established for the teaching of orientation and mobility skills, were of course prepared to meet the needs of blind and visually-impaired people living in western type urban situations. Experience has shown that these techniques are broadly applicable to other situations such as rural settings. Frequently, however, adaptations have to be made to meet individual differences such as the effects of aging, other handicaps and in general any significant, medical, physical, psychological or social factors.

Other adaptations may have to be made to suit differing environments, social customs and community values. To illustrate the ways in which orientation and mobility training can be adapted to differing situations, two programmes conducted by Royal Guide Dogs for the Blind Associations of Australia are described, one in India and the second with aboriginal people in the Northern Territory of Australia.

Devedas and Westaway (1976) prepared a particularly perceptive paper describing the development of orientation and mobility programmes in Asia together with an account of a joint programme conducted in Bombay, by the National Association for the Blind, India and the Royal Guide Dogs for the Blind Associations of Australia and funded by an Australian Churches Overseas Aid Organisation, Force 10. Their paper emphasises the necessity for joint decision-making among providers, funders and receivers of the programme. The paper also points out the commonalities of orientation and mobility instructor courses and those courses undertaken by paramedical and some educational workers. The paper states in its summary that "for developing assisted programmes in Asia there appears to be a need for allocating significant resources into joint planning. The processes involved in planning have to be seen as part of the development to create

responsiveness and thereby responsibility to sustain such programmes".

At the workplace some of the methods of mobility service delivery that have been developed in India include these:

1. Mobility Instructors working as members of the team of rehabilitation workers in a residential centre.
2. Physical education instructors with mobility training who work in schools for blind children.
3. Machine shop instructors with mobility training working in a vocational rehabilitation centre in Bombay.
4. Mobility Instructors working as members of a team in a residential rural rehabilitation centre.
5. Multi-purpose workers with mobility training who also teach blind people how to do household duties and rural jobs such as farming.

Ways in which techniques have been adapted include the following:

1. Using local materials such as bamboo for long canes. Bamboo in plentiful supply, is inexpensive and robust.
2. In busy urban areas the road is often used as an alternative to overcrowded footpaths which are subject to regular excavation.
3. The use of the cane as a link between the guide and person being guided where cultural expectations do not allow a man to hold a woman's arm.
4. Teaching people to walk without any aid particularly in rural areas where there is little traffic and where walking tracks can be followed with the bare foot.
5. Giving younger children in the family the responsibility of acting as guides for the father in order that he can continue as the bread winner (Pieters 1979).

In addition some programmes have been developed to meet specific needs of the rural blind in India (Jaekle 1977).

Social and cultural differences provided the greatest pressures for adaptation in a programme designed to assess the needs of visually-impaired aborigines in Central Australia (Durinck 1979). The programme was conducted under the auspices of the Australian National Council of and for the Blind, although other agencies provided staff and other support. Some aspects of the social and cultural differences included the following:

1. The permeating effect of tribal laws and beliefs. This was shown when one training programme had to be suspended due to the trainee having an injured leg. The injury was in the form of "sorrow cuts". Such cuts are inflicted as a sign of the depth of feeling

the person has about a particular incident. Again the training of several clients had to be suspended because the people concerned had left the area to attend "ceremonies". This, no matter how "Europeanised" the Australian aboriginal may appear to be, his/her whole life is continually governed by tribal beliefs and laws.

2. The impact of the extended family system. The extended family is such that it was found to be impossible in many cases to assess and apply services to a single client. The family had to be involved at all stages. A typical situation would occur where the whole family including the client received a demonstration and explanation of the services being offered. The family then had to be allowed several days in order to discuss the matter. There is also the matter of interpersonal obligations particularly concerning the right to possess various objects. If a person had a shirt and another member of the group said that he wanted it then he would be obliged to hand it over. This did cause some problems where prescription lenses or aids such as the long cane were concerned. Thus the individual had to be seen as an indivisible part of the family, and staff had to expect to deal intimately with the whole family as well as the individual person.
3. The fundamental differences between "European" Australians and Aboriginal Australian cultures. For example, values concerning nature in western societies are often expressed in terms of mastery. In the aboriginal society they are expressed in terms of harmony. Then there is a concept of sharing rather than hoarding goods. Values about competition are expressed in terms of cooperation and humility rather than aggression, and individuality is a matter of group identification rather than self realisation. Thus any training programme must be structured in terms of how the client perceives the relevance of that programme to his total environment, psychological, social and physical. Burinck concludes that although orientation and mobility skills are appropriate in the aboriginal setting examined, major changes need to be made in the planning of programmes and in the application of skills. In particular, any programmes developed should not only examine the person's mobility needs but should be presented in terms of the client's cultural upbringing and the sociological setting in which they are to function.

These examples of two programmes demonstrate the importance of understanding the social, cultural and economic climates before programmes are initiated.

The long cane technique, as part of orientation and mobility services, has a solid history of development and success. But it should not perhaps be seen as an unchangeable system ready to be applied to any setting, country or culture. Each society is likely to have untapped resources in terms of skills, personnel and knowledge that can and should be used in establishing orientation and mobility, and perhaps other services. However the importance of good instruction

for blind and visually-impaired people in orientation and mobility cannot be over emphasised (Buijk 1977) thus staff training should be a first step in the development of services. Nevertheless lavish resources are not a necessary prerequisite for effective services given a genuine effort to understand the real needs of the consumer, careful planning, and community co-operation.

Conclusion

This overview of the use of the long cane in developing orientation and mobility skills has not attempted to examine the subject in detail. It is anticipated that those interested in establishing, or further developing, orientation and mobility services would find additional information and support in the growing body of specialist literature and through the experience and knowledge that has been gained in the field.

This author acknowledges the valuable help which has been so readily given to him over many years by practitioners throughout the world including those who use orientation and mobility skills as part of their daily living activities and also teachers of those skills.

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THE ECONOMIC PRODUCTION OF BASIC EQUIPMENT FOR BLIND PEOPLE

by

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Sir John Wilson recently said, "Nobody knows how many blind people there are in the world. Certainly the minimum estimate of sixteen million is likely to be an understatement." However many there really are, one thing is quite certain. They will all be needing day to day assistance towards living in an essentially sighted world, and many devices have been developed to help towards this end.

The latest edition of the International Guide to Aids and Appliances for blind and visually impaired persons published by the American Foundation for the Blind, lists out over 1500 devices as being available from 270 different distributors in 28 countries. This listing is by no means complete because of the recent rapid developments in the field of electronics that have been readily applicable to the needs of the visually handicapped.

One can perhaps state the need for devices in three general categories of person. Firstly, for the younger age grouping, aids for education are the most important. Secondly, for those of working age emphasis must be placed on aids for employment coupled with the need for good mobility in getting to and from that employment. Thirdly, by far the greatest population of blind people are the elderly for whom aids are required largely for purposes of domesticity and leisure. Such generalisation is of course an oversimplification of the true situation. Within each of these categories one finds the need for both special purpose devices such as a braille computer terminal for the blind programmer, as well as the more general purpose aids like braille writing equipment or walking stick or cane for which there is a large worldwide demand.

With sixteen million customers in mind, this paper is concerned with this latter type of device to which we are referring as "basic equipment for the blind" or equipment that is universal in its application for blind people to meet a common need. Our interest lies in how such equipment could be produced economically. This question is rather difficult to answer because what would be considered economic in one country might be found quite uneconomic elsewhere. However, it must be observed that equipment for the blind does tend to be more expensive than comparable equipment for the sighted. For example, if one compares the cost of possibly the world's most widely used braille writing machine, with that of an ordinary mechanical typewriter, the braille writer will be found to be three to four times as costly. Mechanically these machines compare fairly well in complexity and the main reason the braille writer is so costly is that it is produced in relatively small quantity.

Most of those organisations for the blind that are concerned with the manufacture of aids for their national or local blind population, will be faced with this common problem of dealing mainly with fairly small quantity manufacture. This problem is aggravated by a degree of uncertainty as to the rate at which these aids will be sold

once manufactured, so overproduction is avoided. Also, no guarantee exists as to when and what size will be future repeat manufacturing orders. All this adds up to a rather unsatisfactory situation where rarely can one justify extensive expenditure on manufacturing tooling, consequently there is a high proportion of manual activity in the manufacturing process and because of this the cost of the end product will inevitably be high.

In Western Countries the cost of labour is very high and economic production of any manufactured item lies in reducing the human involvement to a minimum. One way to accomplish this is by investing substantial finances in tooling to render the manufacturing process as automatic as possible. This, in turn, usually demands long production runs so that tool costs can be recovered over a large number of articles produced without making those articles too expensive. In the field of equipment for the blind such long manufacturing runs rarely occur. This is perhaps not surprising because, on examination of the previously mentioned International Guide, one finds listed some 84 different braille pocket frames being manufactured for 16 distributors in 12 countries. Quantity demand therefore exists but it is spread very thinly among these distributors.

One must observe that many of these frames, made in both plastic and metal in different countries are, in fact, quite similar in design and function. Consequently, it is difficult to justify the need for so many variations of such a basic aid. This situation has no doubt evolved over many years when the cost of manufacturing labour was not a significant factor. But the answer to reducing costs today must lie in the adoption of modern manufacturing techniques and somehow substantially increasing manufacturing quantity in order to gain the financial benefits offered by long run manufacture. The only possibility for doing this would appear to lie in some agreement being reached as to what would constitute an international acceptable range of frames having an internationally acceptable size of braille cell in order that fewer manufacturers could produce for a world market.

Having considerably longer quantities one might then justify the use of modern automatic or semiautomatic manufacturing tooling, probably financed by international resources. The setup time for the tooling, being spread over longer runs, would also contribute to a reduction in cost of the finished article as would the bulk purchase of the materials involved. This is probably the thinking of those organisations that have invested much money in injection moulds in order to produce inexpensive braille frames. They will, however, need a worldwide market to recover their tool costs if that is their intention.

Sophisticated tooling is usually expensive as is the cost of labour and machine time. The more automatic the tooling is the less becomes the machine time and labour involved. Thus, the configuration of equipment and manpower adopted in any manufacturing process is a fairly fine balance of choice related to the degree of productivity and on the finances to be invested. This, in turn, dictates the cost of the endproduct. As mentioned before, normal commercial engineering practice is to recover the cost of tooling and its maintenance by placing a small percentage charge on each of the articles produced from that tooling. However, even if articles like braille frames were produced more centrally, the length of the production run would probably still be small as compared with commercial levels. One way of reducing the cost of articles for the blind is for the tool cost to be absorbed by those organisations that might be concerned in such an international manufacturing venture. With this arrangement the tooling

is jointly owned by those organisations and its ongoing maintenance charges would also be their responsibility.

The suggestion for an international standardisation of aids and appliances is by no means new. It has been argued that the present wide selection of aids, produced in so many countries, provides blind people with a wide choice to suit personal preferences and local needs, and to reduce this choice would be a retrograde event. Similarly most organisations involved with the manufacturer of aids may also prefer to retain close control and influence over their own manufacturing programme and quality control. However, with certain specific exceptions, the question of standardisation of aids has only been discussed in a rather general way without the constraints of our present subject referring to purely basic equipment, or to those aids that are known to be of elementary necessity to blind people and that could be so reduced in cost by high volume production. The items of equipment envisaged include canes, braille writing aids and the relevant sizes of braille paper, diagram-making instruments, geographical and other educational equipment. In other words, one refers to those items for everyday use that have universal application, where larger quantity production should lead to manufacturing economy.

Many organisations including the RNIB have a large selection of canes and sticks available to suit most people's choice. We however at the RNIB still occasionally import canes to satisfy particular individuals' preferences and for experimental purposes. The features designed into RNIB canes are dictated, not by the RNIB, but by blind people themselves who participate in field trials with prototypes prior to quantity production. I mention this as an example of a basic device where our designs have evolved over many years of trial and error. From my experience I must observe that it would probably be a difficult matter indeed to obtain a consensus of opinion on an international scale as to the qualities required of one or more models for large scale manufacture for world use. However, if the financial benefits of large scale long run production are considered important, the cane is perhaps an ideal device to commence with as an initiating trial in international cooperation, especially now that the long cane technique is so widely adopted.

The more standardisation in design or dimension is carried out, the more production can be facilitated, notably by permitting the use of standard tools having application to many products or parts of products, as distinct from the need for special tools having severely limited application. Product design for large batch production differs greatly from design for the small batch manufacture with which most producers of equipment for the blind have to contend. Standardisation involves an important aspect of design, particularly in engineering where the tendency with aids for the blind has been to design for performance or service rather than for production. Designing for production, as well as for performance, opens greater opportunity for economy in manufacture by widening the choice of materials, machines and processes that can be adopted. Actually any method that shortens the production cycle from the rough material stage to the tested final product, not only results in better service to the customer but minimises the period during which money is unproductive in the form of work in progress.

Metal braille frames are a good example of devices for the blind that have largely evolved rather than having been designed. They would present an interesting economic exercise if large quantity manufacture was possible in the investigation of modern processes and materials, as opposed to the traditional embossing and piercing methods

currently used.

The economic production of aids for the blind is not purely a matter of consideration being given to producing a large quantity of any particular device that already exists. Rather, one must first specify the qualities required of the aid to meet international user requirements. This no doubt would entail making comparisons between existing devices in order to specify the required product. It does however, necessitate that a standardisation be arrived at by general consent. The development of that device for production to suit the estimated manufacturing quantities required on an annual basis, is a highly skilled matter where manufacturing process, choice and quality of material, quality control and reliability of the end product are all taken into account. The next step lies in the production of design drawings, and preferably samples for trial and circulation to those potential manufacturers who possess the plant and necessary skills to produce the device to an acceptable world standard, in order to obtain competitive cost estimates for both the manufacturing tooling and ultimate production. The countries selected to submit bids for this undertaking would depend largely on the economics of the day, the availability of materials and the technology involved and, the absence of trade barriers.

The question of such a venture is, of course, a matter that only the WCWB can consider, as is the question of monitoring the production programmes that ideally can only be satisfactorily carried out by organisations normally resident in the countries where manufacture would take place. This would ensure that the various stages of production would work smoothly and on schedule, and would make possible an ongoing sampling inspection of the finished product to ensure that quality is maintained.

Distribution should be carried out through those institutions or organisations concerned with the wellbeing of blind people. This would facilitate taking full financial advantage of duty free importation as arranged under the Florence Agreement, which will be applicable provided equivalent articles are not already being manufactured in the importing country.

I mentioned earlier that the long cane would perhaps be a suitable device for which to carry out an initial investigation into the economic advantages that can be gained from long run production. One cannot quote examples of the financial savings possible without going through the preparatory stages for production that I have listed or without knowing the quantity of canes likely to be involved. Such a study would however provide the World Council with a factual indication of the likely financial benefits so that comparisons can be made of the costs of long canes now available from many countries. If that study could be carried out by all those countries currently producing long canes, all working to the same specification, the exercise will be much more informative.

INTERDISCIPLINARY COOPERATION IN PREVENTING BLINDNESS:
MASS TREATMENT FOR THE RESTORATION OF SIGHT

by

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Introduction

Most of us gathered here have been concerned for decades with services for those who are incurably blind. Few of us realised until recently that two-thirds of the world's blind, especially in the developing countries would never have lost sight, had they received timely attention and treatment. In recent times, more particularly since the mid-60's, attention has been drawn to the fact that timely action and treatment would not have resulted in the avoidance of unnecessary misery arising out of preventable and curable blindness, but would also have obviated the necessity of setting up rehabilitation services for those unnecessarily blinded, and would have saved thousands of dollars used for providing educational and vocational services for the blinded. It is a contradiction of our age and times that while mechanisms exist to prevent preventable and cure curable blindness, millions go blind and remain blind until they die. It is a well-established fact that thousands, nay millions, are blind, and even become blind with the passage of time, due to no fault of their own. These men, women and children are doomed to lead a life of destitution, degradation and deprivation due to the circumstances completely controllable by human efforts and endeavour.

Seventeen million people of the world are disabled by cataract. Each year 1.25 million are added to this list, their vision being lost due to cataract. Cataracts, completely curable although not yet preventable, are responsible for the blindness of at least five million people in India and seventeen million people throughout the world. Trachoma, which if left untreated would result in total blindness, is completely curable. Is it not a pity that it has blinded two million people for their lifetimes, and hundred million people have serious visual limitation as its after effects? Onchocerciasis (River Blindness) has left thousands sightless in West Africa. Glaucoma is responsible for twenty percent of the World's blindness, and one percent of all those over the age of forty years may have chronic open angle glaucoma. Keratomalacia in Asia affects 100,000 children each year, and on a global basis it afflicts twenty children in every 10,000 between the ages of one and six years. Of those affected, half die because of severe malnutrition. It is encouraging to note that greater awareness now prevails on the part of those concerned with work for the blind both at Government and nongovernment level, to take steps to prevent and treat preventable and treatable types of blindness.

Although technology does exist to eliminate preventable and curable blindness, the appalling paucity of ophthalmic and para-ophthalmic personnel and the great dearth of hospital accommodation in developing countries, more than scarcity of finances, are factors

responsible for the everincreasing incident of blindness. The gravity of the situation is apparent from the fact that for a vast country such as India having a population of seven hundred million people, there are only about four thousand ophthalmic surgeons and twelve thousand ophthalmic beds. Contrast this with the staggering figure of five million people blind simply because ophthalmic services cannot reach them to perform a cataract operation that takes only three minutes. Bangladesh, with a population of over a hundred million people, has only about 30 ophthalmic surgeons and not more than 300 ophthalmic beds in hospitals. For all of Africa, there are only three hundred eye doctors whereas an estimated number of three million people need cataract surgery. Again, while the great majority of the affected people live in villages and rural areas, the ophthalmic surgeons and eye hospitals limited as they are in number, are concentrated in towns, far away for a villager to reach them.

The Alternative of Mass Treatment

Do seventeen million people, blind from cataracts, most of whom live in developing countries have to remain blind until they die? There is no possibility that fulfledged ophthalmic services will be developed during their lifetimes. The one and only approach is Mass Treatment for the Restoration of Sight., to be provided through an eye camp approach.

In order to understand the working of an eye camp, let us visit one in a typical Indian village. By the only available railway train, you arrive at a railway station at an unearthly hour of 4 am. You are picked up by a Land Rover presented to the organisers of the eye camp by the Royal Commonwealth Society for the Blind. Driving through dusty and bumpy roads for about three hours, you arrive at the site of the eye camp some 80 kilometers away where you are surrounded by a sea of humanity. Men, women and children, some clad, some half-clad, have all congregated for their day of deliverance. So great is the rush of patients that tents have been erected to provide accommodations.

The local school building has been converted into a temporary eye hospital. Desks and tables have been removed, and rooms washed and prepared for the patients. The local villagers come forward to serve as volunteers and patients queue up in the school compound for registration. Some arrive after walking many miles, some use the bullock cart, whereas others come by buses, all of them praying that their sight will be restored. A team of doctors who have donated their time and skill, examine the patients in an improvised dark room and select those for surgery. The operation theatre, made out of the school assembly room, has six ophthalmic surgeons operating simultaneously. As soon as the operation is completed, volunteers quickly take the patient away on a stretcher to the large tent-wards and other volunteers bring in a new patient. At the end of the day, that began at 7 am, a total of 240 men and women get cataract operations. At the end of this eye camp, that lasted for two weeks, 6915 eye patients were examined and treated, and of these 2273 people, completely blind due to cataracts, had their sight restored. The organisers ran a free kitchen to provide breakfast, lunch and dinner to patients and each escort, a total of about five thousand people per day, and all this was free of charge. This, the Bagidhora eye camp in the Indian State of Rajasthan was one of the large eye camps supported by the Royal Commonwealth Society for the Blind. All eye camps are not so large. In most of the eye camps, the total number

of patients examined and treated range between five hundred to two thousand and those operated are about two hundred to three hundred.

Mobile Ophthalmic Unit

An effective adjunct to eye camps is the provision of mobile ophthalmic units equipped with necessary surgical instruments and drugs. These units serve as an extended arm of a base eye hospital to reach remote villages whose inhabitants, for want of money or facilities, cannot visit centres for eye treatment.

National Plan

The Government of India has evolved a bold and imaginative National Plan for the Control of Blindness and Visual Impairment. Under this programme mobile ophthalmic units will eventually cover the rural areas of India and base hospitals in the rural areas will be set up to provide ophthalmic treatment.

Mass treatment to cure curable blindness through eye camps has brought hope and cheer to blind men and women. In India alone since the Royal Commonwealth Society for the Blind launched the **EYES OF INDIA CAMPAIGN** through rural eye camps in January 1970, more than 3.4 million people have been examined and treated, and 572,420 people rendered blind due to cataract, have had their sight restored. Careful scrutiny of eye camp statistics has elected encouraging results. The rate of success at some eye camps is as high as 94%. Bearing in mind that these eye camps are held in improvised hospital-like accommodation, the statistics are indeed heartening. We hope and pray that efficacy of mass treatment for the restoration of sight through eye camps, so convincingly established in the Indian sub-continent, will be replicated elsewhere, where the need exists.

PROBLEMS OF SPECIAL GROUPS

The fifth group of articles in this Blindness Annual delves into the problems that are faced by special groups of the visually impaired. Obviously, there are limits to how many different groups can categorize the visually impaired into "special" and "nonspecial groups." Consequently, a conservative approach has been taken and only three papers are included. The first article by Irving deals with the rights of blind children, an issue that is often neglected. The second by Kosunen discusses the rights of the disabled insofar as such rights are related to the total context of human rights. The third and final article prepared by Anin analyzes the special needs of blind women.

THE RIGHTS OF THE BLIND CHILD

by

Michael Irwin
UNICEF Representative in Bangladesh

The rights of the blind child obviously will not be less than those of the sighted child. In November 1959, the United Nations General Assembly adopted the Declaration of the Rights of the Child. Basically, the ten principles of this Declaration state that all children are entitled to the following:

1. The enjoyment of the rights mentioned, without any exception, regardless of race, colour, sex, religion or nationality.
2. Special protection, opportunities and facilities to enable them to develop in a healthy and normal manner, in freedom and dignity.
3. A name and a nationality.
4. Social security, including adequate nutrition, housing, recreation and medical services.
5. Special treatment, education and care if handicapped.
6. Love and understanding, and an atmosphere of affection and security, in the care and under the responsibility of their parents whenever possible.
7. Free education and recreation, and equal opportunity to develop their individual abilities.
8. Prompt protection and relief in times of disaster.
9. Protection against all forms of neglect, cruelty and exploitation.
10. Protection from any form of racial, religious or other discrimination, and an upbringing in a spirit of peace and universal brotherhood.

Although there are many sighted and blind children, especially those living in the richer countries of the world, who already have most of these "Rights," the situation is unfortunately quite different for millions of children in the less developed countries who receive

no basic medical attention, enjoy no primary educational facilities, and live short and deprived lives in areas of great poverty.

However, we must not consider the Declaration of the Rights of the Child as simply a "piece of paper" just because the rights it proclaims are still unavailable to so many. The fact that there is general recognition that these rights exist is a vital first step to achieving them. We should remember that in many parts of the world, only a short time ago child labour was a common practice, and medical care and free education were just becoming available.

I am sure we can all support the statement in the Preamble of the Declaration of the Rights of the Child that "mankind owes to the child the best it has to give." Also, we will all agree with the remark by Mr. Nehru, when he was Prime Minister of India, that "no work can be more important than the care of the child." Such statements are especially true of the child who has a severe handicap. All the principles of the United Nations Declaration can be applied easily to the special situation of the blind child. We are very much concerned that the blind child must not be neglected because of his or her handicap; but also that those providing care and services to the blind child must not be overprotective. It is vital for the blind child to become as self-reliant as is possible, and grow into a truly contributory member of society, who eventually attains economic security.

Of course, one does not have to emphasize that perhaps the most important right of any blind child is the right to see, if an operation can provide sight. Although I am told that only about 5% of blind children in the world, such as those with congenital cataracts, could have their birthright of sight restored with corrective surgery, it is obvious that nothing should prevent such treatment being provided for these children, particularly if the reason is poverty.

Because of its magnitude, a word must be said about the prevention of nutritional blindness which is currently a major cause of blindness among children in Africa and Asia. It is estimated that at least 100,000 children go blind every year from xerophthalmia. Emergency measures, in some countries, for dealing with this disease involve the massive distribution of high-potency vitamin A capsules. In Bangladesh, for example, UNICEF is importing 30 million of these capsules annually. But, more important, the long range solution is to improve children's diets by widespread educational programmes.

Having just mentioned UNICEF, as I am here at this World Assembly to represent that organization, and as the WCWB is one of the nongovernmental bodies that has consultative status with our Executive Board, I would not like to say a few words about UNICEF. As it is an intergovernmental organization, our main contacts are usually with government agencies. Our principle objective, of course, is to help develop services for children, especially for the children in the poorest parts of the world, such as those in the rural areas and urban slum of the developing countries.

In the past, because we have to consider the priorities set by individual governments, projects for children, already handicapped, have unfortunately received a low priority. This is true despite the fact that UNICEF's resources have been used to support centres for the training of teachers for the blind, and for providing some essential equipment. But, we have the important responsibility in UNICEF of advocating for the rights of children, and encouraging governments to focus more and more attention on projects for children. In

fact, together with many nongovernmental organizations, we can try to show the path along which governments can go. And, although I expect UNICEF's general policy with respect to services for blind children will continue mainly to emphasize that prevention should come first, through various health and nutrition projects, I believe that we will, in future, be gradually doing more for blind children throughout the world. Today, we are looking for ways to increase our cooperation with both governmental and nongovernmental agencies that are involved with projects for handicapped children, blind, deaf and crippled, in developing countries. An example is that, last year, UNICEF asked Rehabilitation International to make a study on "Serving the Needs of the World's Disabled Children", and this report will be presented to our Executive Board.

We are uncertain as to how many blind children there are in the world today, and how many of them receive any form of special care or education. In Bangladesh, where I have worked since February 1977, we believe that there are about 200,000 blind children, under the age of 16, with less than 1,000 currently being helped, either by a government or nongovernmental agency, to become self-reliant. In India, the figure is at least 250,000 with some estimates going as high as one million, with only 15,000 or so being assisted. In Africa, the figures are naturally not so great as in Asia because of the smaller population, but there are still many blind children on this continent who wait for special attention. This is a depressing picture. In the developing world of Africa, Asia, Latin America and the Middle East, the situation of the average blind child is unfortunately likely to get worse as populations increase and put additional strains on the existing services. The World Bank estimates that in most low-income countries, the number of children will be almost twice as large in the year 2000 as it was in 1975.

Because only a relatively small percentage of blind children, in the poorer countries of the world, receive any kind of special care, an important right for the rest of them in these areas, is simply to have a future that is better than the present. Much more needs to be done to help the large numbers of blind children in Africa, Asia, Latin America and the Middle East. Unfortunately, because of the many priorities existing in these less developed countries, programmes to provide special assistance for blind children receive relatively little financial support from local resources. Nongovernmental organizations, such as those that most of you represent that this WCWB World Assembly, have a major role in trying to generate greater interest, and provide more financial aid, for projects for blind children throughout the world.

In countries like Bangladesh, India, Indonesia and Pakistan, just to name a few, where so many blind children are often the most vulnerable, the most neglected and the most deprived of all children, a little money can go a long way. I will give you an example, in which I am personally involved. In April 1978, a new nongovernmental organization called Assistance for Blind Children (ABC), was established in Bangladesh. We have been fortunate in receiving financial support from Christoffel Blindenmission, the Royal Commonwealth Society for the Blind, and from groups and individuals in Bangladesh, the Federal Republic of Germany, France, the Netherlands, Switzerland, the United Kingdom and the United States. In Bangladesh, the construction of a hostel for at least ten blind children, at a school where an integrated education programme exists, costs about \$2,700. \$20 a month will pay for all the expenses of a blind child residing and studying in one of these hostels; and the total cost of removing a congenital cataract is about \$25.

In thinking of the rehabilitation of blind children in the less developed countries, more attention must be given now, than in the past, to the larger majority who live in the rural areas. These blind children have little opportunity of being included in the projects that are usually located in the towns and cities. This is where the need for special services is usually the greatest. Many of the rural blind children do not participate at all in either home or village life but remain dependent on others. Later, when old enough, some are sent out to beg. These blind children need help in order to share in the daily activities of village life and get involved in productive work such as poultry raising, fruit and vegetable growing, and local crafts. In Bangladesh, ABC is beginning such a project, but it will only be able to help a few children each year. Programmes already developed for adult blind persons in rural areas, by Christoffel Blindenmission, Helen Keller International and the Royal Commonwealth Society for the Blind, in Africa and Asia, are encouraging but more needs to be done, especially for children.

1979 has been proclaimed as the International Year of the Child. Although this year is dedicated to the wellbeing of all children in all countries, certain issues affecting children will be attracting special attention. For us, at this WCWB World Assembly, it should be the blind child. Our increasing concern for this child could perhaps be demonstrated by establishing a Technical Committee on Services for Blind Children. Such a specialized group could function like the other WCWB technical bodies. It could assist in coordinating our efforts, and developing projects, for blind children throughout the world, and thus help to obtain more rights for many children, who are presently denied them. I believe this would be a most appropriate step for us to take, for all blind children, in this International Year of the Child.

THE RIGHTS OF THE DISABLED

by

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The Declaration on the Rights of Disabled Persons

The subject of this paper as it was proposed by the Programme Committee of your Assembly contains three separate, although closely related, items that I shall discuss separately under the relevant headings. Accordingly, I would like to take first the question of the "rights of the disabled."

As you may know, the United Nations General Assembly at its 30th session in 1975 proclaimed the Declaration on the Rights of Disabled Persons. In doing so, the Assembly reaffirmed its faith in human rights and fundamental freedom and in the principles of peace, the dignity and worth of the human person and the promotion of social justice, as proclaimed by the Charter of the United Nations, and recalled the principles laid down in the Universal Declaration of Human Rights and other related declarations.

The Declaration on the Rights of Disabled Persons lists, among others, the following rights:

The inherent right to respect for their human dignity.

The same fundamental rights as their fellow citizens of the same age.

The right to enjoy a decent life, as normal and full as possible.

The right to the measures designed to enable them to become as self-reliant as possible.

The right to the rehabilitation and other services which will hasten the process of their social integration or reintegration.

The right to economic and social security.

In proclaiming the Declaration, the General Assembly also called "for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights". No doubt the process of social integration of disabled persons into society would be greatly enhanced if the governments of all countries would recognize these rights and make conscious efforts to uphold and implement them through practical measures.

In February 1979, a report on the implementation of the Declaration in different countries was placed before the United Nations Commission for Social Development as an annex to the report of the Secretary-General on the World Social Situation in 1978. The report reveals that the Declaration apparently has not yet led to any

practical measures. Several countries have indicated that the existing legislation and rehabilitation services guarantee an implementation of the rights proclaimed in the Declaration. Others have suggested that measures that were under consideration at the time of reporting were likely to achieve the same. In a few replies, however, it was clearly recognized that even with a well-developed system of rehabilitation services, many things still need to be done in order to ensure full equality to disabled persons regarding the enjoyment of commonly available services in a modern society. In one country's reply, for example, it was indicated that measures needed to be taken to render cultural services more accessible and usable so that the blind, among other things, could read or listen to books, periodicals and newspapers that are readily available to other people in society. Equality of opportunity in this respect, as you will know, is still far away.

No further action concerning the Declaration and its implementation was suggested by the Commission nor by the Economic and Social Council that had the report before it at its first regular session in April 1979. However, the World Council for the Welfare of the Blind used the opportunity of submitting to the Council a statement containing the text of the Declaration of the Rights of Deaf-Blind Persons. On the basis of that statement, the delegation of the United Kingdom of Great Britain and Northern Ireland submitted to the Council a draft decision with a view to bringing this Declaration to the attention of the United Nations General Assembly at its 34th session to take place late this year. This proposal was approved by the Council and, accordingly, the Declaration of the Rights of Deaf-Blind Persons was considered by the General Assembly under the item "International Year for Disabled Persons."

Cooperation between the United Nations and Non-Governmental Organizations

What was just said about the action of the World Council for the Welfare of the Blind is also a good example of the possibilities that exist for the participation and involvement of nongovernmental organizations in the activities of the United Nations and also for cooperation among these organizations. The initiative of the WCWB has led to an important decision by the Economic and Social Council that may result in further action by the United Nations. This initiative was possible because the WCWB has a consultative status with the Economic and Social Council and can thus submit statements to that body. Another channel for close cooperation between the United Nations, its specialized agencies and nongovernmental organizations, such as the WCWB, is offered within the framework of the Ad Hoc Inter-Agency Meetings on Disability Prevention and Rehabilitation. These meetings have been held on a regular basis since 1950 and are attended by representatives of the interested United Nations Offices and agencies. Among the organizations represented are the United Nations Centre for Social Development and Humanitarian Affairs, United Nations Development Programme, United Nations Children's Fund, WHO, UNESCO, ILO, International Social Security Association as well as the Council of World Organizations Interested in the Handicapped. Through the last mentioned body, a representative of the WCWB has also been among the regular participants of the interagency meetings. Many initiatives taken in the interagency meetings have led to action benefitting the blind and other disabled persons. I mention only a few of these in the connection:

1. At its 1970 session the Ad Hoc Inter-Agency meeting recommended the inclusion into the work programme of

the United Nations Social Development Division, of a study of rehabilitation services for the blind in developing countries. Accordingly, such a study was planned and carried out by the United Nations in cooperation with the ILO, WHO, UNESCO, Helen Keller International and the Royal Commonwealth Society for the Blind, as well as WCWB. The document "Rehabilitation Services for the Blind in Developing Countries" was published in 1977 for the United Nations by the WCWB in cooperation with the American Foundation for the Blind and Helen Keller International that provided editorial and production services.

2. At the initiative of your late President, Dr. Charles Hedkvist, a special session of the 1975 Ad Hoc Inter-Agency meeting was devoted to an examination of the findings of the above study. At this session, certain guidelines were agreed upon for future development of services for the blind. These guidelines, covering prevention of blindness, education, vocational rehabilitation and production of braille and talking books, as well as the supply of technical aids, were incorporated into the published document.
3. Last, I should like to mention a more general achievement. At the initiative of a recent Ad Hoc Inter-Agency meeting, the United Nations Development Programme issued in April 1978 a Technical Advisory Note on Disability Prevention and Rehabilitation of the Disabled. The Note describes different aspects of the problem of disability and indicates ways and sources for technical assistance in this field. The Note is available in UNDP field offices in developing countries and may be helpful to governments interested in obtaining external help for the improvement of services in this area.

Support of the International Year for Disabled Persons

By the proclamation of the United Nations General Assembly, 1981 was celebrated as the International Year of Disabled Persons with "full participation" as its theme. Its objectives are to promote services for disability prevention and rehabilitation, to encourage research designed to facilitate the practical participation of disabled persons in daily life and to educate and inform the public of the rights of disabled persons to participate in and contribute to various aspects of economic, social and political life.

In proclaiming the Year, the General Assembly invited "all Member States and the organizations concerned to give their attention to the establishment of measures and programmes to implement the objectives of the International Year of Disabled Persons". Accordingly, it is hoped that also the World Council for the Welfare of the Blind and its affiliates in different countries will keep this matter in mind in planning their activities for the next two years. It is, of course, extremely important for the success of the Year that disabled persons will take an active role in the Year's observance.

A draft international programme for the year was considered by the Advisory Committee for the International Year of Disabled Persons at its meeting in March 1979. The Committee is composed of the representatives of 23 different countries one of which is the host to your Assembly, Belgium. The Committee adopted a number of recommendations concerning activities at the national, regional and international levels. These recommendations will be submitted in a report of the Secretary-General for consideration by the 34th Session of the United Nations General Assembly that will begin its work in coming September. This same session of the Assembly will thus consider two items of importance to the participants of this Assembly, the Declaration of the Rights of Deaf-Blind Persons, and the Programme for the International Year of Disabled Persons.

In this connection, I would like to mention, briefly, some of the committee's recommendations that might be of particular interest to your Assembly. These are as follows:

Preparation of a draft long-term programme of action in consultation with Member States, specialized agencies of the United Nations and international non-governmental organizations of and for the disabled; the purpose of the programme would be to help implement the objectives of the IYDP as well as the principles laid down in the Declaration on the Rights of Disabled Persons and, in particular, assist developing countries in this respect.

Organization of a symposium of experts in 1981 on ways and means of promoting technical co-operation in the field of rehabilitation of disabled persons, particularly between developing countries.

Organization of regional meetings, i.e. of officers responsible for national programmes on the prevention of disability and rehabilitation of disabled persons.

Widest possible dissemination of the technical advisory note on disability prevention and rehabilitation prepared by the United Nations Development Programme in 1978.

Adoption by United Nations agencies of the policy of employing more disabled persons in their staffs.

Adoption by the United Nations agencies of the policy of holding their meetings, to the extent possible, where the facilities provided are accessible to all, including users of wheelchairs, the blind and the deaf.

Adoption of measures by which the means of international passenger transport (by air, rail, road or ship) as well as the respective terminal facilities could be rendered accessible to all.

Preparation of a series of manuals on eliminating or modifying architectural barriers.

Facilitation of the exchange of experience among countries in the field of rehabilitation (fellowship holders should include disabled persons).

Encouragement of activities of the organizations of disabled persons to contribute to the promotion of

world peace and peaceful relations among States and peoples and encouraging disabled persons to organize themselves all over the world.

Launching a public information campaign to disseminate information on the objectives of IYDP, enlighten the public and heighten its awareness of the rights of disabled persons to participate in and contribute to the economic, social and political life of their societies.

As has been said, the final decision on this and other recommendations of the Committee will be made by the General Assembly in which all the Member States of the United Nations will have the opportunity of expressing their views on those recommendations.

It should be emphasized, however, that a major part of the IYDP activities is expected to take place at the national level, hopefully in every country. All interested groups and organizations are invited to participate in those activities and also to plan, initiate and carry out activities of their own. Each country and each group or organization may want to choose its own ways of observing the Year. A common goal for these activities might be to increase public understanding of the disability and the awareness of the general public of the problems the disability can bring about. The Year's activities might also be aimed at promoting the extension of rehabilitation services, so that these could be reached by all, or at least a great majority, of disabled persons in each country and at reducing or even eliminating the obstacles that there still might be to the integration of disabled persons into society and to their full participation in all aspects of society's life.

The United Nations has long enjoyed the active cooperation of the World Council for the Welfare of the Blind and its officers. We hope to be able to continue enjoying it, particularly now when preparations are under way for the International Year of Disabled Persons and especially during the Year itself.

I should like to express my best wishes for a most successful Assembly and hope that its deliberations and decisions result in improvements of conditions of blind people in all parts of the world.

SPECIAL NEEDS OF BLIND WOMEN

by

Doris M. Anin, Director
Ghana Society for the Blind
Ghana

The Belgrade Conference

Following the declaration of 1975 as the International Women's Year by the United Nations General Assembly, WCWB and IFB organized the first International Conference on the Situation of Blind Women from November 18-20, 1975, in Belgrade, Yugoslavia, as part of the activities marking the Year. The Union of the Blind of Yugoslavia, in cooperation with the government of that country, generously hosted the conference. A thirty-three member local committee led by Nada Zarie, made excellent arrangements for hospitality for all the participants. There were 160 delegates from thirty countries, as well as a large number of associates and friends of the blind from all over the world.

The Programme Committee, drawn from WCWB and IFB, planned an interesting and comprehensive programme that aroused lively and frank discussions during the working sessions. There were five main working sessions devoted to the following:

1. The status of blind women.
2. The blind woman, her family and participation in the community.
3. Access to education.
4. Access to rehabilitation.
5. Access to training and employment.

Papers presented on the status of blind women indicated that, because of the lack of statistical information, it was difficult to assess the political, social, educational and economic situation of blind women. However, it was clear that there were many blind women who occupied important positions in their communities in the fields of education, rehabilitation and welfare of the blind. Attention was drawn to the differences in the status of blind women in the industrialized countries, where opportunities exist for higher education, and where blind women were especially concerned about how to reach higher levels in their profession; and to the situation of blind women in developing countries, where because of prejudices, customs and ignorance, the blind woman is relegated to the position of an inferior being and an object of false pity and charity. The blind woman in such a setting is gradually brainwashed into accepting herself as a person without rights or privileges to claim. She is therefore concerned only with fighting for survival, and often has to do without the basic needs of food, clothing and shelter.

On participation in family and community life, there was evidence that great strides had been made by some blind women. An example was the life of Alma Murphey of St. Louis, U.S.A., a totally blind woman married to a totally deaf and blind man, who had raised

six children and is actively involved in community life.

Several papers were presented to show that there is reasonable access to education, rehabilitation, training and employment for blind women in the developed countries; though not much was said about the developing countries on these topics. However, it was evident that there was still much room for improvement even in the developed countries; and at the closing session of the conference the following resolutions were adopted:

"Recognising that there are more than 16 million totally blind people in the world, that an even larger number are visually handicapped and that at least half of them are women and girls;

Noting with concern that more than 70% of the world's blindness is preventable;

Aware that despite the rapid advances made recently in the education, rehabilitation and employment of the blind, provision for blind women in most countries is non-existent;

Noting with emphatic approval the resolution on the status of women made at the UN World Conference of International Women's Year, Mexico June 1975;

Affirming that no statement of women's rights can be comprehensive which does not take into account the special needs of separate groups including the blind and visually handicapped;

Appreciating the fact that blind women cannot exercise their rights as human beings without adequate provision for education, rehabilitation, employment and action to remove obstacles to their integration with Society;

THIS CONFERENCE

1. Requests all appropriate Specialized Agencies of the UN in considering and implementing programmes for the advancement of women, to make adequate provision for the particular needs of the blind and visually handicapped.
2. Encourages the International Research and Training Institute for the Promotion of Women, created by the UN World Conference of International Women's Year, to include in its programme of study the situation of blind and visually handicapped women.
3. Urges all governments in programmes and plans for education, health, social security and family welfare to take special account of the needs of blind and visually handicapped women, to develop such plans with the expert help of the organizations of and for the blind and to implement them by the use of professionally trained personnel.
4. Recommends international and national blind welfare organizations to review the adequacy of their provision for blind and visually handicapped women and

to ensure that a fair proportion of the resources available should be channelled into practical programmes designed to improve the education, rehabilitation, including the establishments of centres where they do not exist, employment, according to individual need, and the social status of women.

5. Draws the attention of governments and blind welfare organizations to the special needs of blind women who have additional handicaps.
6. Encourages national blind welfare organizations to take the initiative in the formation of national multi-disciplinary committees for the prevention of blindness.
7. Invites the appropriate Specialized Agencies of the UN and governments to undertake public information programmes by means of all mass communication media regarding the capacities of handicapped persons in terms compatible with human dignity.
8. Exhorts blind and visually handicapped women to participate actively in the attainment of these objectives through their organizations of and for the blind."

One fact stood out clearly throughout the conference, namely that the blind woman is not participating fully in the life of the community, especially in the developing countries where prejudices, customs and ignorance are great impediments to the blind woman's access to rehabilitation, training, employment and education. It was also clear that the simple human needs of food, clothing and shelter, often taken for granted by those in developed countries, are not available to many of the blind women in rural areas of the developing countries. There should, therefore, be greater cooperation among these countries, especially those in the same subregion, in sharing experiences, working out plans, and initiating joint programmes that will provide at least these basic needs for the blind women in the rural and urban areas.

It is for these reasons that the Ghana Society for the Blind, once again, would like to recommend its Home Training Project for Blind Women, the White Bonnet Scheme, to governments and sister organizations in the Third World. The project, started in 1964, had proved quite successful, and has enabled thousands of blind women in rural and urban areas to participate in both family and community life.

The Welfare Assistant for the Blind and Her Work

With financial and technical assistance from the Royal Commonwealth Society for the Blind, sighted Ghanaian women are trained as itinerant Welfare Assistants for the Blind (W.A.Bs) and sent to the villages and towns to locate blind women and instruct them in housewifery, childcare, cookery, personal hygiene and handicrafts.

When first arriving in a village, the W.A.B. approaches the Chief and tells him of the nature of her work. Almost invariably the Chief asks a villager to show the W.A.B. the homes of the blind people

in the village. Sometimes he calls a meeting of all the villagers and the W.A.B. explains her work to them and asks them for the names of the blind people in the village. School children have been found to be useful in helping the W.A.Bs to locate blind people. Therefore some W.A.Bs approach the headteacher of the local school when they first arrive.

The W.A.B. is not always welcomed by the blind and their relatives, but with tact and perseverance she wins the confidence of both. She then registers the blind woman, taking down as much information as is possible on a registration card that is forwarded to the headquarters for the records. In most cases the W.A.B. reteaches the blind women to do the things that they were doing before they became blind, such as sweeping, washing and cooking. Then she teaches any of the crafts that are popular with our blind women, such as making raffia lamp shades, stool seating with local ropes, rugs from cuttings collected from garment factories and dress makers, and door mats. In addition to these, the blind women in the North and Upper Regions of Ghana do spinning, make ropes from fibre, and fashion local earthenware pots. Several blind women help on farms and others shell groundnuts or palm kernels on contract.

When a blind woman becomes proficient in a particular craft, our Society supplies her with materials for work and the finished work is collected by the W.A.B. for sale in our craft shop. Sometimes the W.A.Bs are able to sell the finished work locally. The blind woman is paid for work done as soon as it is collected from her. Many of our blind women are supplementing their family incomes in this way, and several others depend solely on this income for their living.

The W.A.B. spends part of each day visiting the blind women on her register, making sure, if at all possible, that each is visited at least once a month. Sometimes this is not possible since some W.A.Bs have as many as 98 blind women on their registers. But they all try to see each blind woman on their lists at least once in two months. The W.A.B. keeps a daily account of her visits and activities. During the last two working days of each month, she reports at the local office of the Department of Social Welfare where she writes a detailed report of her activities for the month and her itinerary for the coming month. She sends the originals of these to the head office of the Society, and copies to her supervisor. At the head office the Director studies these reports together with the reports of the two supervisors who make visits to see that the W.A.Bs are doing their work properly. Comments on the work of the W.A.Bs are sent back to them, or the supervisors are asked to draw W.A.Bs' attention to particular points on their rounds.

Finance

Each W.A.B. is given funds in advance each month, from which she pays her travelling expenses while on duty, cost of materials for the blind women to work with, and sundries such as food, soap, and the like. An expense account for the month is sent to head office with the monthly report.

Assistance from outside agencies

The Royal Commonwealth Society for the Blind has supported this project since it was started. Apart from training the first group of W.A.Bs, it gives annual subvention towards the travelling expenses and subsidizes the salaries of the W.A.Bs. During the early days of the project, OXFAM provided 12 bicycles for the W.A.Bs

in Northern Ghana, a VW bus, and later in 1973, a Land Rover to replace it for transporting materials to the blind and also to take the supervisor around to check that the W.A.Bs are doing their work properly.

Christoffel Blindenmission donated a VW bus to replace the Land Rover in 1978; and has also made available DM 15,500 for the training of ten new W.A.Bs this year, to fill vacancies and to open three new stations.

All our Northern and Upper Region workers have received new bicycles to replace the ones originally donated by OXFAM. We received these bicycles from RCSB under the SHE Fund. We take this opportunity, once again, to express our sincere appreciation and thanks to all these agencies for their help and support.

Kiosk Project

Following the success of our Home Training Scheme, and because of our Society's desire to make more blind women optimally independent, we launched a new settlement project that was intended to serve both women and men. Unfortunately we have not been able to interest any blind man in this project, only women. Under this project, the Society builds a kiosk, usually in front of the blind person's house, so that she can call for help from relatives should it be necessary. The Kiosk is then stocked with goods such as matches, candles, soap, salt, cigarettes, local cereals, groundnuts, ginger and pepper. The person selected is presented with the kiosk and the goods and is expected to sell the goods, use the profits for her/his upkeep, and replenish the stocks with the capital. Our W.A.Bs assist the blind women/men to get fresh stocks, but in most cases, members of the family help with the W.A.Bs looking in from time to time to see that the Kiosks are being operated smoothly. The kiosks remain the property of our Society so that they can be transferred from one blind person to another. They are designed in a way to ward off thieves, and the blind person usually locks her/himself in. At the end of the day, stocks are removed for safekeeping in the house.

Twelve blind women have been successfully settled in this project. However, due to high cost of materials, the Society has not build any kiosks during the past two years. But it has set up thirty more blind women in petty trading. The Society has bought for them items such as palm oil, charcoal, kerosene, maize and salt that they sell in their homes. Once it is known in the vicinity that a particular item is being sold at home by the blind woman, people in the neighborhood prefer to buy from her rather than make the longer journey to the market.

Conclusion

There were moves soon after the Belgrade Conference to get the Ghana Society for the Blind to organize a course for Trainer/Supervisors from other countries who would go back to their own countries to start the Home Training Project. However, contacts made by RCSB to get participants for the course did not yield positive results. The Ghana delegation wishes to reiterate that our Society will be willing to organize this course any time it is called upon to do so.

We take this opportunity to invite governments and sister organizations in the Third World to send people, engaged in welfare work for the blind, to Ghana to observe first hand how this project works in practice. It is our firm belief that it is only through cooperation and shared experience that we can fulfil the unmet needs of the blind women in the developing world.

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